

## Flexi Cystoscopy - Modified

**Ogd 7 Nedtest (Female)** Name:

Date of birth: 01/01/1944 (80) NHS No: 309 321 709 XX00002331 Hospital no:

Address:

**Waverley Gate** 40 Waterloo Place

Edinburgh EH1 3EG

GP: Dr S AGARWAL

**ABERCYNON HEALTH CENTREABERCYNON** 

**HEALTH CENTRE,** YNYSMEURIG ROAD, ABERCYNON,

MID GLAMORGAN,

**CF45 4YB** 

**Indications** 

Allergies: none

ASA Status: ASA II - Patient has mild systemic disease

Pre-procedure checklist completed The patient has given consent

Procedure Type: Flexi

**Diagnoses** 

Cystoscopy normal

Follow up

Awaiting pathology results.

Procedure Date:

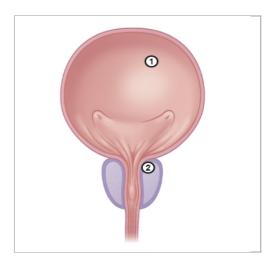
Priority: Routine Status: Outpatient GP

**Referring Cons:** 

**Consultant/Endoscopist** 

List Consultant: Mr Simon McAllister Endoscopist No1: Mr Simon McAllister Endoscopist No2: Dr Andrea Johnson

> Nurses: . Jerry Bohun Mr Luke Dugan



Mr Simon McAllister, MBB Consultant Surgeon Dr Andrea Johnson, Imported Consultant Physician

Hospital no XX00002331 NHS No 309 321 709

## Request for examination **HISTOLOGY**

My Hospital Name reasonable length

Address:

Date/Time Collected
Laboratory Number
This request is;
Urgent pathway;
Routine;
Urgent;
2 WW;

NHS or PP IP or OP or DC

**Patient Category** 

Name: **Ogd 7 Nedtest**Date of birth (age): **01/01/1944 (80)** 

Gender: Female
Outpatient (Not Available)

Referring Consultant: **GP** 

GP Practice:

Dr S AGARWAL

ABERCYNON HEALTH CENTREABERCYNON

HEALTH CENTRE, YNYSMEURIG ROAD, ABERCYNON, MID GLAMORGAN,

**CF45 4YB** 

Waverley Gate 40 Waterloo Place Edinburgh EH1 3EG

Investigations Required	
Container ID Specimens	O
2 biopsies from (1) Bladder	
2 biopsies from (2) Prostate	
Clinical Findings Indications Allergies: none ASA Status: ASA II - Patient has mild systemic disease	2
Report Pre-procedure checklist completed The patient has given consent 1 Procedure Type: Flexi Follow up Awaiting pathology results.	
Previous biopsy numbers	
For Lab Use	
Date/time rec'd Date Reported	

Hospital no XX00002331 NHS No 309 321 709

## Request for examination **CYTOLOGY**

My Hospital Name reasonable length

Address:

Date/Time Collected **Laboratory Number** This request is; Urgent pathway; Routine; Urgent; 2 WW;

**Patient Category** 

NHS or PP IP or OP or DC

Ogd 7 Nedtest 01/01/1944 (80) Date of birth (age):

Gender: Female **Outpatient (Not Available)** 

GΡ

Referring Consultant: GP Practice:

Investigations Paguired

Dr S AGARWAL

ABERCYNON HEALTH CENTREABERCYNON

**HEALTH CENTRE,** YNYSMEURIG ROAD, ABERCYNON, MID GLAMORGAN,

**CF45 4YB** 

**Waverley Gate** 40 Waterloo Place Edinburgh EH1 3EG

Container ID Specimens  4 biopsies from (1) bladder  3 biopsies from (2) prostate  Clinical Findings Indications Allergies: none ASA Status: ASA II - Patient has mild systemic disease  Report Pre-procedure checklist completed The patient has given consent 1 Procedure Type: Flexi	
Follow up Awaiting pathology results.	
Previous biopsy numbers	
For Lab Use	
Date/time rec'd  Date Reported	