

Flexi Cystoscopy -Modified

Name: **Ogd 7 Nedtest (Female)**
 Date of birth: **01/01/1944 (80)**
 NHS No: **309 321 709**
 Hospital no: **XX00002331**

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

GP: **Dr S AGARWAL
 ABERCYNON HEALTH CENTRE
 HEALTH CENTRE,
 YNYSMEURIG ROAD,
 ABERCYNON,
 MID GLAMORGAN,
 CF45 4YB**

Procedure Date:
 Priority:
 Status:
 Referring Cons: **Routine
 Outpatient
 GP**

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

Diagnoses

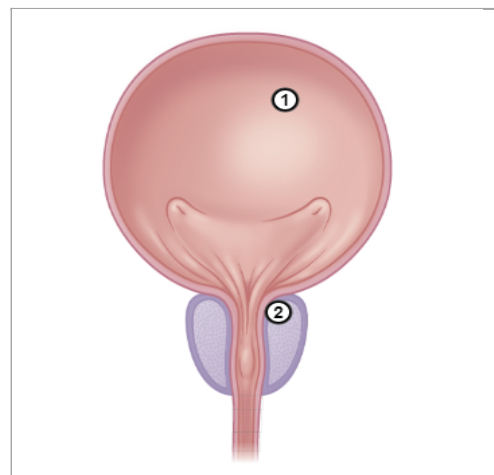
Cystoscopy normal

Follow up

Awaiting pathology results.

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

Flexi Cystoscopy -Modified

Name: **Ogd 7 Nedtest (Female)**
Date of birth: **01/01/1944 (80)**
NHS No: **309 321 709**
Hospital no: **XX00002331**

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

Patient Report

Procedure: Cystoscopy

Procedure Date:

Procedure Completed: Yes

Medication:

Results:

Follow-Up:

Clinical: _____

Date & Time of appointment: _____ / _____

- ☐ No further followup or procedure required
- ☐ Follow up to follow in the post
- ☐ Discharge to GP

If you have any questions please ask the nursing staff who will be happy to explain anything you are unclear about. If you have any further concerns please phone 0171 977 6000

Signature

Name and Designation

- ☐ You have been given an information leaflet
- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ You have been spoken to by the Endoscopist regarding your diagnosis
- ☐ A clinical appointment with your consultant has been made for you

Hospital no
XX00002331
NHS No
309 321 709

Request for examination
HISTOLOGY
My Hospital Name reasonable length

Date/Time Collected
Laboratory Number
This request is;
Urgent pathway;
Routine;
Urgent;
2 WW;
Patient Category
NHS or PP IP or OP or DC

Name: **Ogd 7 Nedtest**
Date of birth (age): **01/01/1944 (80)**
Gender: **Female**
Referring Consultant: **Outpatient (Not Available)**
GP Practice: **GP**
Dr S AGARWAL
ABERCYNON HEALTH CENTRE
ABERCYNON HEALTH CENTRE,
YNYSMEURIG ROAD,
ABERCYNON,
MID GLAMORGAN,
CF45 4YB

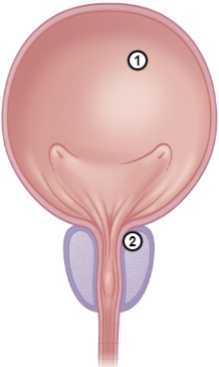
Address: **Waverley Gate**
40 Waterloo Place
Edinburgh
EH1 3EG

Investigations Required
Container ID Specimens
 2 biopsies from (1) Bladder
 2 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	COPY TO
Date Reported	

Hospital no
XX00002331

NHS No
309 321 709

Request for examination
CYTOLOGY
My Hospital Name reasonable length

Date/Time Collected

Laboratory Number

This request is;

Urgent pathway;
Routine;
Urgent;
2 WW;

Patient Category

NHS or PP IP or OP or DC

Name: **Ogd 7 Nedtest**
 Date of birth (age): **01/01/1944 (80)**
 Gender: **Female**
 Referring Consultant: **Outpatient (Not Available)**
 GP Practice: **GP**
Dr S AGARWAL
ABERCYNON HEALTH CENTRE
HEALTH CENTRE,
YNYSMEURIG ROAD,
ABERCYNON,
MID GLAMORGAN,
CF45 4YB

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

Investigations Required

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

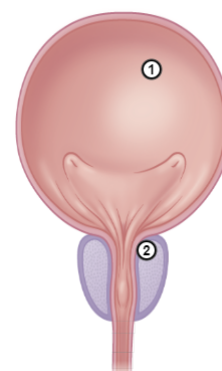
The patient has given consent

1

Procedure Type: Flexi

Follow up

Awaiting pathology results.



Previous biopsy numbers

For Lab Use

Date/time rec'd

COPY TO

Date Reported