

## **Colposcopy Procedure Report**

### **Patient Information:**

- **Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Medical Record Number:** \_\_\_\_\_
- **Date of Procedure:** \_\_\_\_\_
- **Referring Physician:** \_\_\_\_\_

**Procedure Findings:** (Describe in detail the findings during the procedure, including any lesions, abnormalities, or observations)

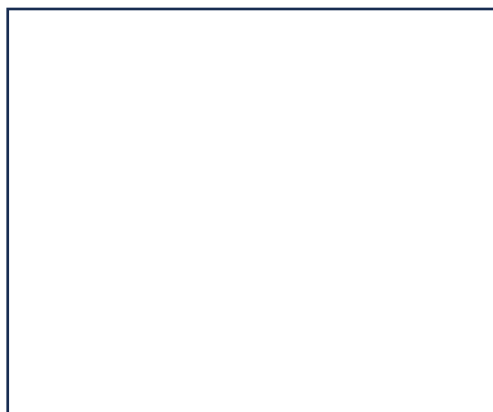


Photo 1:

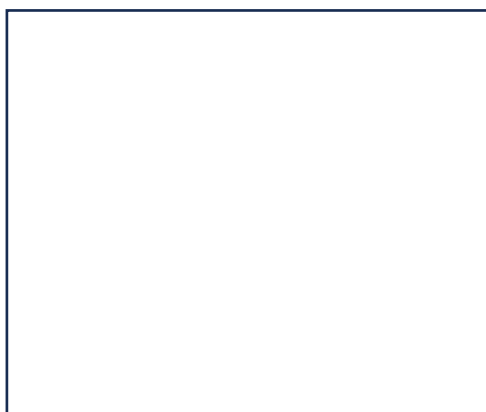


Photo 2:

**Colposcopist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_