



NORTH SHORE PRIVATE HOSPITAL

adm No AE03806585
adm Date: 10/05/17 14:20

ENDOSCOPY UNIT - ENDOSCOPY REPORT

INSTRUCTIONS FOR PATIENTS FOLLOWING UPPER GASTROINTESTINAL ENDOSCOPY

You may: Eat and drink normally
 Other _____

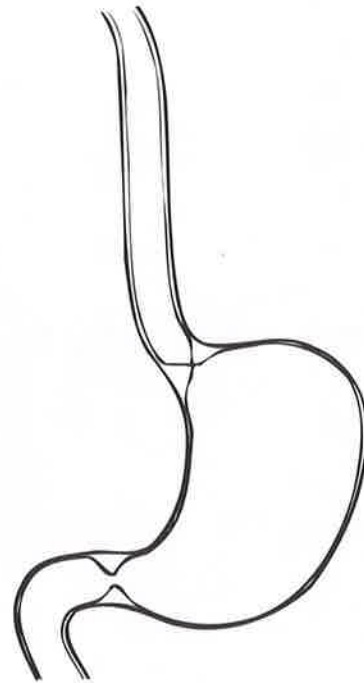
- * You may experience some abdominal discomfort (due to the introduction of air during the procedure). This should subside over several hours.
- * You are advised to rest at home for the remainder of the day.
- * Do not drive today.

RESULTS

Atrophic gastritis -

Specimen to Pathology: Yes No
Rapid Urease Test for Helicobacter Pylori: Yes No

MEDICATION



FOLLOW-UP

Call Dr _____ in _____ days for results.
Make an appointment to see Dr _____ in _____ week(s).
See your referring doctor for follow up in _____
Repeat Endoscopy _____

PLEASE RING MY ROOMS IF YOU HAVE ANY PROBLEMS WHICH YOU FEEL MAY BE RELATED TO THE PROCEDURE.
A FULL REPORT WILL BE SENT TO YOUR REFERRING DOCTOR.

DOCTOR'S SIGNATURE: _____ DOCTOR'S PHONE NO: _____

BINDING MARGIN - DO NOT WRITE

ENDOSCOPY REPORT

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