



Gastroenterology Associates

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TEMECULA

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(By appt.)

COLONOSCOPY REPORT

Date:

Patient Name:

Gender:

Account#:

DOB (age):

Endoscopist(s):

Instrument(s):

Images:

Referring Physician(s):

PCP:

Consulting:

Anesthesiologist:

Nurse(s):

Staff:

ASA Class:

History of Present Illness:

(ROS Wording)

Administered
Medications:

Indications:

Vital Signs:

Height (ft/in)

Physical Exam:

Procedure:

COLONOSCOPY REPORT FORM