

**UNIVERSITY HOSPITAL
COLONOSCOPY AND POLYPECTOMY RECORD**

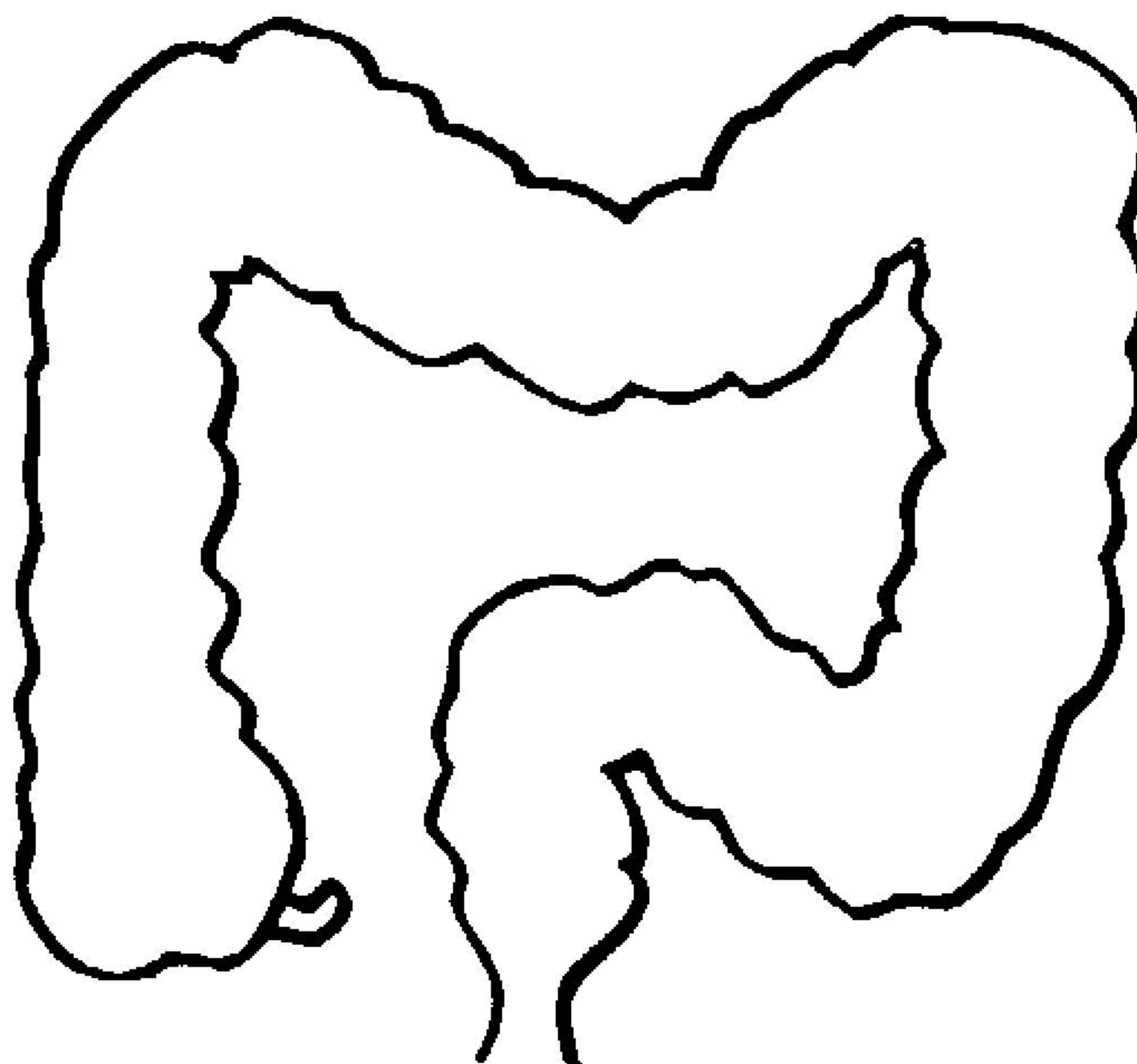
INDICATION: _____

PROCEDURE PERFORMED BY: _____

ASSISTANT: _____

REFERRING PHYSICIAN: _____

MEDICATION: Atropine _____ mg, i.m., i.v. Valium _____ mg, i.m., i.v.
 Glucagon _____ mg, i.m., i.v. Demerol _____ mg, i.m., i.v.
 Versed i.m. _____ mg, i.m., i.v. other _____ mg, i.m., i.v.



SPECIMENS TAKEN: _____

IMPRESSION: _____

EBL: _____

COMPLICATIONS: _____

RECOMMENDATIONS: _____

DATE: _____

PHYSICIAN'S SIGNATURE _____

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POLYPECTOMY REPORT**
University Hospital
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