

UPPER G.I. ENDOSCOPY

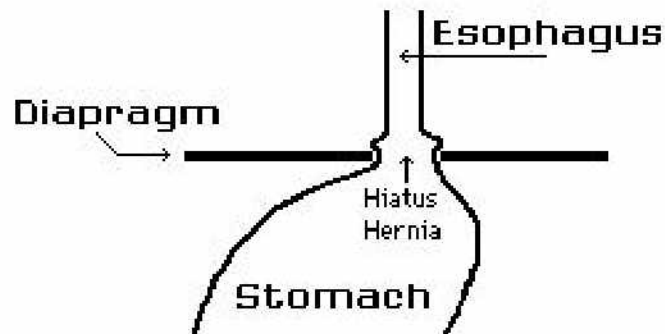
PATIENT: _____

DATE: _____ AGE: _____

ESOPHAGEAL EXAMINATION:

MUCOSA: _____

LESIONS: _____



HIATUS HERNIA: YES: _____ NO: _____

STOMACH EXAMINATION:

MUCOSA: _____

LESIONS: _____

DUODENUM EXAMINATION:

MUCOSA: _____

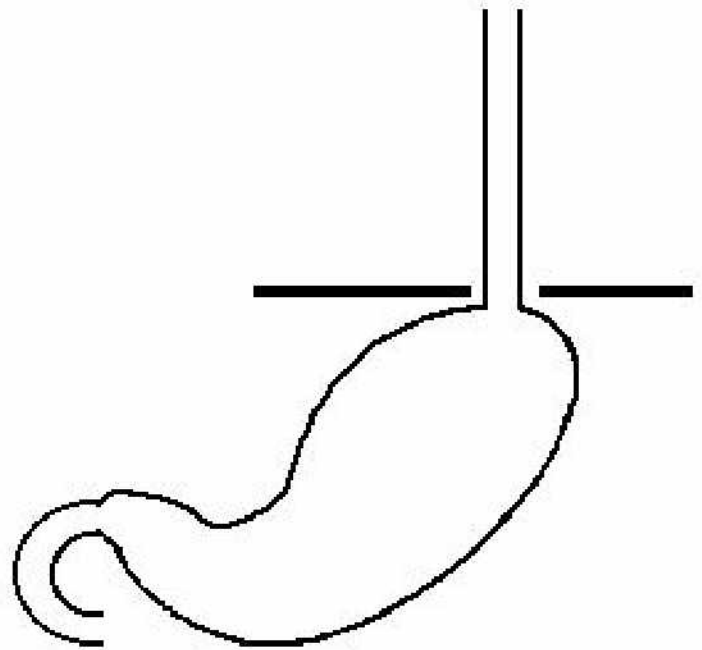
LESIONS: _____

SPECIMEN SENT TO PATHOLOGY:

YES: _____ NO: _____

PHYSICIAN

HISTORY: _____



IMPRESSIONS: _____

RECOMMENDED FOLLOW-UP EXAM:

2 Mo. _____ 1yr. _____ OTHER _____
