

# Endoscopy Discharge Letter

**Date:** [Insert Date]

## Patient Information

**Name:** [Patient Name]

**Date of Birth:** [DOB]

**Hospital Number:** [ID Number]

## Procedure Details

**Procedure:** [Gastroscopy / Colonoscopy / Sigmoidoscopy]

**Performing Physician:** [Doctor Name]

**Sedation Used:** [None / Throat Spray / Conscious Sedation]

## Results

**Findings:** The procedure was successful. No abnormalities were identified. The visual inspection of the [Esophagus/Stomach/Duodenum/Colon] was normal.

**Biopsies:** [No biopsies taken / Biopsies taken for routine screening]

## Post-Procedure Instructions

- You may resume your normal diet unless otherwise instructed.
- If you received sedation, do not drive, operate machinery, or sign legal documents for 24 hours.
- You may experience mild bloating or gas for the remainder of the day.

## Follow-Up

No further endoscopic follow-up is required at this time. Please follow up with your referring physician to discuss your original symptoms.

## When to Seek Medical Attention

Contact the hospital or go to the Emergency Department immediately if you experience:

- Severe abdominal pain or chest pain.
- Persistent vomiting.
- Passing large amounts of blood or black tarry stools.
- High fever or chills.

**Signed:** \_\_\_\_\_

[Doctor/Nurse Name and Title]

**Contact Number:** [Department Phone Number]