

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Procedure Date:** [Procedure Date]

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## **DISCHARGE SUMMARY: ENDOSCOPY WITH BIOPSY**

**Procedure Performed:** [EGD / Colonoscopy / Other]

**Indications:** [Reason for Procedure]

**Findings:** [Brief Description of Findings]

**Action Taken:** Biopsies were taken during the procedure. These tissue samples have been sent to the laboratory for microscopic examination.

**Biopsy Results:** The results usually take **[7-10]** business days to be finalized. You will be notified of the results via:

- [Patient Portal]
- [Phone Call]
- [Follow-up Appointment]

### **Post-Procedure Instructions:**

- Do not drive or operate machinery for 24 hours (if sedated).
- Do not make major legal decisions for 24 hours.
- You may resume a normal diet unless otherwise instructed.

**Warning Signs:** Contact the clinic or go to the nearest Emergency Room if you experience:

- Severe abdominal pain or bloating.
- Fever or chills.
- Rectal bleeding or black, tarry stools.
- Persistent nausea or vomiting.

**Follow-up:** [Doctor's Name/Clinic Name] at [Phone Number].

Sincerely,  
[Physician Name]  
[Department/Facility Name]