

Outpatient Endoscopy Discharge Letter

Facility Name: [Enter Facility Name]

Date of Procedure: [Date]

Patient Information

Patient Name: [Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Referring Physician: [Doctor Name]

Procedure Details

Procedure Performed: [e.g., Colonoscopy, EGD, Sigmoidoscopy]

Performing Physician: [Doctor Name]

Findings: [Summary of findings]

Interventions: [e.g., Biopsies taken, polyps removed, cautery applied]

Post-Procedure Instructions

- **Diet:** You may resume your normal diet unless otherwise instructed. Avoid heavy or spicy meals for the next 24 hours.
- **Activity:** Do not drive, operate heavy machinery, or sign legal documents for 24 hours due to the effects of sedation.
- **Medications:** Resume your usual medications unless told otherwise. If biopsies were taken, avoid blood thinners as directed by your physician.

Follow-Up Care

Pathology Results: Results from biopsies usually take [Number] business days. Our office will contact you via [Phone/Portal].

Next Appointment: [Date/Time or "As needed"]

When to Seek Medical Attention

Contact us immediately or go to the nearest Emergency Room if you experience:

- Severe abdominal pain or bloating
- Firm, distended abdomen
- Fever or chills
- Heavy rectal bleeding or vomiting blood
- Shortness of breath or chest pain

Physician Signature: _____

Nurse Signature: _____

Clinic Contact Phone: [Phone Number]

After-Hours Emergency: [Phone Number]