

**Hospital Name:** [Insert Hospital Name]

**Department:** Endoscopy Unit

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Hospital Number:** [Insert ID Number]

**Referring Physician:** [Insert Doctor Name]

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## Urgent Follow-Up Discharge Letter

Dear Patient,

You have been discharged following your endoscopy procedure today. Please read the following urgent instructions regarding your follow-up care.

### Procedure Performed:

[Insert Procedure Name, e.g., Gastroscopy / Colonoscopy]

### Summary of Findings:

[Insert brief summary of findings and any biopsies taken]

### Urgent Action Required:

Based on the results of your procedure, an urgent follow-up has been scheduled:

- **Appointment Type:** [Clinic Visit / Repeat Procedure / Imaging]
- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic/Ward Name]

### Medication Changes:

[List any new medications started or existing medications to stop/change]

### Warning Signs:

Seek immediate medical attention at the nearest Emergency Department if you experience:

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

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**Endoscopist Name:** [Insert Name]

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

**Out-of-Hours Contact:** [Insert Emergency Number]