**ENDOSCOPY RECORD**

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| POST: | |  | | | | | | | | | | | | | | | | | DATES: | |
| OPERATION | | Each procedure to be recorded by an X in the appropriate box  *\*Use separate sheets if space provided is not enough.* | | | | | | | | | | | | | | | | | TOTAL | |
| OESOPHAGOSCOPY  (rigid) | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| UPPER G.I.  ENDOSCOPY | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| FLEXIBLE  SIGMOIDOSCOPY | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| COLONOSCOPY | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| BRONCHOSCOPY  (rigid) | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| BRONCHOSCOPY  (flexible) | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| CYSTOSCOPY | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
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| CONSULTANT (Block Letters) | | | | | | | | | | |  | | | | | | | |
|  | | Signature | | | | | | | | |  | | | | | | | |
|  | | Date | | | | | | | | |  | | | | | | | |