UNIVERSITY OF VIRGINIA HEALTH SYSTEM

0500005

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DIGESTIVE HEALTH CENTER OF EXCELLENCE—PROCEDURE RECORD

Date & Time:

Referring:

HPI:

Pre-Op Diagnosis:

Post-Op Diagnosis:

Procedures Performed:

Medications: Topical Versed Fentanyl

Instruments:

Fluoro time:

Findings:

Imp:

Recommendations:

Resident/Fellow Signature _____, MD

Attending Signature _____, MD Date _____

☐ I was present during the entire procedure

White — MEDICAL RECORDS Yellow — BILLING Pink — PATIENT COPY