

BIOPSY REPORT

Associates in Gastroenterology, P.C.
2940 N. Circle Dr.
Colorado Springs, CO 80909
Office 635-7321

Patient label

Dear _____,

The box checked below indicates a summary of the results of your recent GI Procedure - *Colonoscopy or EGD (Upper Endoscopy)*. A technical report has been sent to your health care provider.

COLONOSCOPY WITH POLYP REMOVAL

The biopsy of your polyp was:

- Normal---NO CANCER

Type of polyp:

- Hyperplastic polyp
Hyperplastic polyps are benign and in most cases not considered to be pre-malignant (pre-cancerous).
- Adenomatous Polyp (**NOT CANCER** --but can become cancerous if not removed)
YOUR POLYP WAS REMOVED! Additional colonoscopies will be necessary to monitor your condition and assure that new polyps have not developed. See below for recommended repeat colonoscopy time frame.

COLON BIOPSIES (Not polyps)

The biopsy of your colon was:

- Normal
- Inflammation of the colon was identified. Additional evaluation or treatment may be necessary.
- Please schedule an appointment at the office to discuss the findings and for further follow up. 635-7321
- New medication is needed. Please call and talk to the office nurse. (if she has not already called you). She will call a prescription in to your pharmacy. Or, if you prefer, you may make an appointment to see me in the office
- See below:

Comments: _____

EGD (Esophagogastroduodenoscopy)/ Upper Endoscopy

The biopsy of your stomach / esophagus / small bowel was:

- Normal Inflammation was found H-Pylori bacteria was found Barretts esophagus was found
- Please schedule an appointment at the office to discuss the findings and for further follow up. 635-7321
- New medication is needed. Please call and talk to the office nurse. (if she has not already called you). She will call a prescription in to your pharmacy. Or, if you prefer, you may

<p>make an appointment to see me in the office.</p> <p><input type="checkbox"/> Continue current medications –no further medications are needed</p> <p><input type="checkbox"/> See below:</p> <p>Comments: _____</p> <p>_____</p>	
<p><input type="checkbox"/> You do not need any further treatment at this time. Continue medications and treatments as prescribed by your Primary Care Physician.</p> <p><input type="checkbox"/> Recommend repeat (COLONOSCOPY) (UPPER ENDOSCOPY) in _____; sooner if any symptoms or problems occur.</p>	
<p>Comments: _____</p> <p>_____</p>	
<p>Thank you for allowing us to participate in your health care needs. Any questions, please call me at the office, 635-7321</p> <p>Sincerely, _____</p>	<p><input type="checkbox"/> Austin Garza, MD</p> <p><input type="checkbox"/> Karin Cesario, MD</p> <p><input type="checkbox"/> James Howden, MD</p> <p><input type="checkbox"/> William Lunt, MD</p> <p><input type="checkbox"/> Erik VanOs, MD</p> <p><input type="checkbox"/> Richard Wenham, MD</p>

Forms/ path report letter to patient