(See DD Form 2005 for Privacy Act Statement)

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

FLEXIBLE SIGMOIDOSCOPY

OTSG APPROVED *(Date)*

INDICATIONS: _____

OPERATOR: _____

WRITTEN CONSENT OBTAINED: ☐ Yes ☐ No

PROTECTIVE CLOTHING:

GOWN ☐ Yes ☐ No
MASK ☐ Yes ☐ No
GLOVES ☐ Yes ☐ No

VITAL SIGNS:

	PRE	POST
BP		
HR		
O2 SAT		

INSPECTION: ☐ Yes ☐ No

DIGITAL EXAMINATION: _____

PROSTATE: _____

ENDOSCOPIC EXAMINATION: _____

_____

_____

BIOPSY OBTAINED: _____ cm

DURATION OF PROCEDURE: _____ minutes

IMPRESSION:

1. _____

2. _____

3. _____

PLAN: _____

_____

COMPLICATIONS: _____

_____

FOLLOW UP: _____

_____

(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT