

ENDOSCOPY UNIT
COLONOSCOPY – 30 Day FOLLOW-UP PROGRAM

Local Callers (07) 3139 4199

Facsimile (07) 3139 4956

<Patient name>
<Patient address>

URN: <Patient ID>

<Patient salutation>

RE: Your Colonoscopy on: <Procedure date>

The Endoscopy Unit has as part of its ongoing commitment to patient care a COLONOSCOPY (30 day) FOLLOW-UP PROGRAM. This information is included with your procedure report held on file.

We would appreciate if you could complete the information below and return it thirty (30) days after your procedure in the supplied envelope. Please do not return before this.

Did you have any side effects from the colonoscopy? Yes No
If no, thank you very much for your time and for returning this information.

If yes, was it

Pain
Bleeding
Other

Did you need to see your Local Doctor with any of these problems? Yes No

Did you need to go to a hospital with any of these problems? Yes No

If yes, please give details

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Date you completed this form: Signature:

Thank you for your time and for returning this information.

If you have any other queries relating to the information in this letter please contact the Endoscopy Unit on 07 3139 4199 between 9am and 4pm Monday to Friday. A message service is also available.

Yours sincerely

Dr Tony Rahman
Director Gastroenterology & Hepatology