



AMINU KANO TEACHING HOSPITAL KANO
ABDULLAHI BAYERO DIAGNOSTIC CENTRE

ENDOSCOPY REPORT

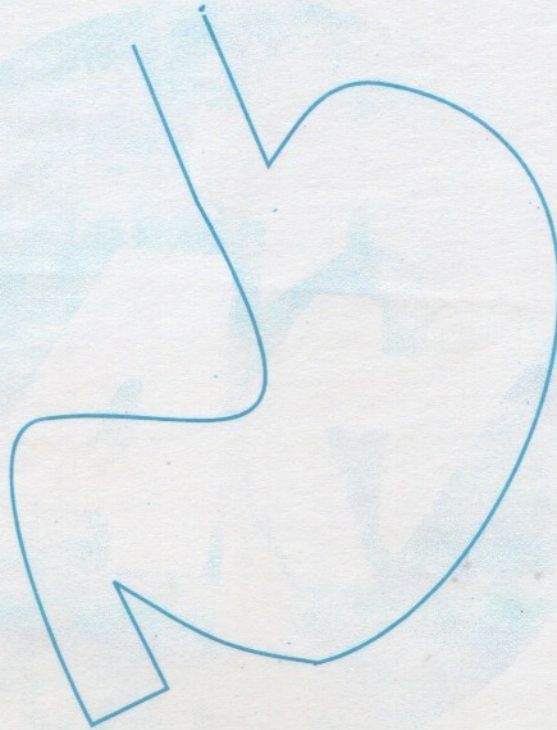
DATE: _____

NAME: _____ **UNIT NO.:** _____

CLINICAL HISTORY & EXAMINATION: _____

MEDICATION GIVEN: _____

FINDINGS:



BIOPSIES (IF ANY) _____

SNAPSHOT/VIDEO: _____

COMMENTS:

RECOMMENDATIONS:

NAME & SIGNATURE OF ENDOSCOPIST: