

Endoscopy Report

EndoSoft
10 Railroad Avenue, Albany, NY 12205, 800-82-U TECH

Patient Name: Jack Doe
Date of Birth: 12/23/1945
Record Number: 678954
Date/Time of Procedure: 04/26/1998, 01:34 PM
Referring Physician: John A Smith
Endoscopist: Jane A Smith

PROCEDURE PERFORMED
Sigmoidoscopy

INDICATIONS FOR EXAMINATION
Screening sigmoidoscopy.

Instruments: CF-100
Medications: None
Visualization: Good Tolerance: Good Complications: None
Extent of Exam: Splenic flexure
Limitations: None

Procedure Technique: A physical exam was performed. Informed consent was obtained from the patient after explaining all the risks (perforation, bleeding, infection and adverse effects to the medicine), benefits and alternatives to the procedure, which the patient appeared to understand, and so stated. The patient was connected to the monitoring devices and placed in the left lateral position. A digital exam was performed and the colonoscope introduced in to the rectum and advanced under direct visualization to the splenic flexure. The splenic flexure was identified by visual landmarks. The scope was subsequently removed slowly while carefully examining the color, texture, anatomy, and integrity of the mucosa on the way out. In the rectum, the scope was retroflexed to evaluate for internal hemorrhoids and anorectal pathology. The patient was subsequently transferred to the recovery area in satisfactory condition. The following findings were noted:

FINDINGS
Moderate diverticulosis noted from the sigmoid colon to the splenic flexure.
1 cm pedunculated polyp noted in the sigmoid colon.

ENDOSCOPIC DIAGNOSIS
Colonic diverticulosis.
Pedunculated polyp noted in the sigmoid colon.

RECOMMENDATIONS
Colonoscopy with polypectomy in 1 week.

Signature: _____ Jane A Smith, M.D.

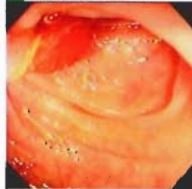
CPT Codes
45302 SIGMOIDOSCOPY
ICD-9 Codes
V12.72 PERSONAL HISTORY OF COLONIC POLYPS
562.10 DIVERTICULOSIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)

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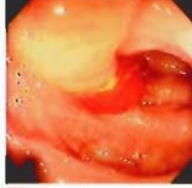
04/27/1998 08:10:13 AM Page 1

Sigmoidoscopy

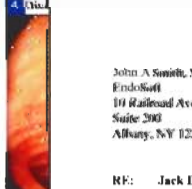
1 Colon polyp - pedunculated



2 Colon polyp - pedunculated



3 Colon polyp - pedunculated



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way
to
capture
images
and
write
reports.

Jane A Smith, M.D.
EndoSoft, 10 Railroad Avenue, Suite 100
Albany, NY 12205
518-489-5705

John A Smith, M.D.
EndoSoft
10 Railroad Avenue
Suite 200
Albany, NY 12205

RE: Jack Doe 04/26/1998
12/23/1945

Dear John:

An endoscopic procedure was performed on your patient Mr. Jack Doe today. Following is a synopsis of the endoscopy report and my initial recommendations:

Indications:
Screening sigmoidoscopy.

Findings:
Moderate diverticulosis noted from the sigmoid colon to the splenic flexure.
1 cm pedunculated polyp noted in the sigmoid colon.

Diagnosis:
Colonic diverticulosis.
Pedunculated polyp noted in the sigmoid colon.

Recommendations:
Colonoscopy with polypectomy in 1 week.

Thank you for the opportunity to assist you in the care of this patient. The findings were discussed with Mr. Doe today along with the recommendations and follow up arrangements. Please feel free to contact me if I can be of any further assistance.

Best Wishes,

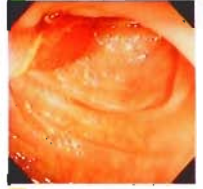
Sincerely,

Jane A Smith, M.D.

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04/27/1998 10:11:36 AM Page 1

1 Colon polyp - pedunculated



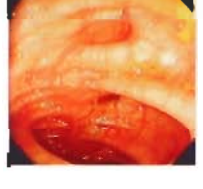
2 Colon polyp - pedunculated



3 Colon polyp - pedunculated



4 Diverticulosis



PhotoReport Technology
Digital Image Storage
Voice Recognition
Video Capturing
Biologin
CPT™, APC, ICD, HL7, DICOM
HIPPA, JCAHO, AAAHC
Medical Spell Checker

High quality endoscopy reports are just a few mouse clicks away with EndoSoft, a revolutionary image capture and report writing package.

Designed by a team of endoscopists who understand the unique needs of endoscopists, the EndoSoft program includes EndoSwift, which simplifies the capture, selection, labeling, and printing of endoscopy images.

Here's how it works. Create the consent and pre endoscopy evaluation reports, capture



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images directly from the endoscopy system to the database, annotate images, create the endoscopy report, enter the post procedure notes and discharge instructions, and finally, create the letter to the referring physician. All data, images, and reports are stored in a scalable SQL compliant database server. Reports are printed on high quality printers or on any properly configured Windows printer.

High quality printed endoscopy reports are fast and without the hassles of cost or transcription.

Consent Form

Patient Consent to Treatment/Procedure Letter

Patient Information: Patient Name Jack Doe, Patient DOB 12/23/1945, Record Number 678954, Procedure Information: Sigmoidoscopy

SIGMOIDOSCOPY
678954
(Patient Identification)

EndoSoft
10 Railroad Avenue, Albany, NY 12205, 800-82-UTECH

Consent to Treatment/Procedure

I, Jack Doe, authorize Dr. Jane A Smith (the "Doctor") and such persons the Doctor designates as assistants to treat me for my condition of Screening sigmoidoscopy.

By performing the following procedure(s):
To insert a sigmoid flexible tube into my large intestine and take biopsies and/or remove polyps.

- The Doctor has explained to me my condition, the above treatment procedure, and alternate ways of treating my condition. I understand that no guarantees have been made to me about the result of treatment.
- The Doctor has discussed with me the reasonably foreseeable risks of the treatment and that there may be undesirable results.
- I understand that during the treatment the Doctor may discover a condition which, by (s/he) did not know about before the treatment started. Therefore, I authorize the Doctor to perform any additional or different treatment which the Doctor thinks is necessary or advisable.
- I consent to the administration of whatever type of anesthesia as deemed necessary and desirable by the attending anesthesiologist for the surgical procedure performed.
- I understand that a blood/blood products transfusion may be necessary during the treatment/procedure. Therefore I authorize the use of blood/blood products the Doctor thinks is necessary or advisable. The Doctor has discussed with me the reasonable foreseeable risks with the use of blood/blood products transfusion.
- Any tissues, parts, or substances removed during the procedure may be retained or disposed of by the hospital in accordance with customary practice.

Consent Form
Add templates to any procedure
Modify templates by physician

Pre Endoscopy Evaluation

Patient Pre Endoscopy Evaluation

Patient Information: Patient Name John J Doe, Patient DOB 01/01/1940, Record Number 000-00-0000, Procedure Information: ERCP - Fluid Aspiration

Pre Endoscopy Evaluation | **Pre Endoscopy Evaluation Report**

Pre-Endoscopic Diagnosis: Colitis

Past Medical History: Cardiac Arrhythmia, Breast Cancer, Bronchial Asthma, Cardiac Arrhythmias, Cerebro

Past Surgical History: Colonoscopy with Polypectomy, AK, Impaction, Appendectomy, Artificial Hip

Medications: Trimetoprim, Furosemide, Urmetoprim, Ranitidine, Celebrex, Aspirin

Allergies: None None

Prosthetics: None None

Anticoagulants: None None

Bleeding Tendency: Yes No

Physical Examination:

Height	72	Weight	150	Pulse	80	Blood Pressure	130/70
Respiratory Rate	20	Oxygen Saturation	94	Temperature	97		

Teeth: Good Satisfactory Poor

General Health: Good Satisfactory Fair

Thyroid Enlargement: Yes No

Pre Endoscopy Evaluation
History
Physical Exam
Lab data
Checklist
Anesthesia classification

Pathology Requisition

PATHOLOGY REQUISITION

EndoSoft
10 Railroad Avenue, Albany, NY 12205, 800-82-UTECH

Patient Name: Jack Doe
Date of Birth: 02/25/1945
Record Number: 678954
Date/Time of Procedure: 04/26/1998, 01:34:19Z
Referring Physician: John A Smith
Endoscopist: Jane S Smith

PROCEDURE PERFORMED

Sigmoidoscopy

INDICATIONS FOR EXAMINATION

Screening sigmoidoscopy.

TISSUE SUBMITTED

Specimen Number(s): Polyp-polypoidated from the sigmoid colon.

FINDINGS

Moderate diverticulosis noted from the sigmoid colon to the splenic flexure.
1 cm polypoidated polyp noted in the sigmoid colon.

ENDOSCOPIC DIAGNOSIS

Colonic diverticulosis.
Polypoidated polyp noted in the sigmoid colon.

RECOMMENDATIONS

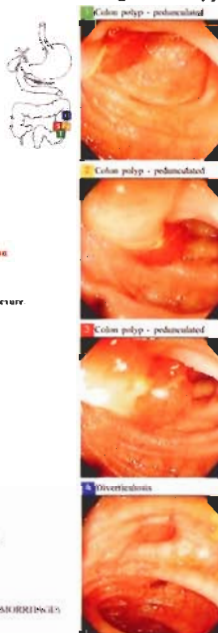
Colonoscopy with polypectomy in 1 week.

Signature: Jane S Smith, M.D.

CPE Code: 53132 SIGMOIDOSCOPY
ICD-9-CM code: 53.12
53.12 SIGMOIDAL DISTENSION OR COLONIC POLYPSY
902.22 AND 230.12 CODES OF A COLONIC POLYPSY OR POLYPOIDATION

EndoSoft

Sigmoidoscopy



Endoscopy Requisition
Endoscopy images
Minimal standard to
Automated CPT™
Individualized temp
selection lists

Discharge Instructions

Patient Discharge Instructions

Patient Information: Patient Name John J Doe, Patient DOB 01/01/1940, Record Number 000-00-0000, Procedure Information: ERCP - Fluid Aspiration

Discharge Instructions | **Discharge Report**

Instructions: 4-10% decrease in weight, avoiding lifting heavy items and strenuous activity for 5 days. Do not drink alcoholic beverages for 24 hours. Do not drive or operate machinery for the remainder of today. Do not make any decisions, sign contracts, etc. for 24 hours.

Discharged To: Living Home

Prescriptions: 10 days 20 mg / day

Appointment: Follow up as needed with your referring physician. Dr. Robert K. Warden (514) 485-5765.

Additional Written Instructions Provided: Information about ERCP

Community Agency Referrals: None

Custom Field: None

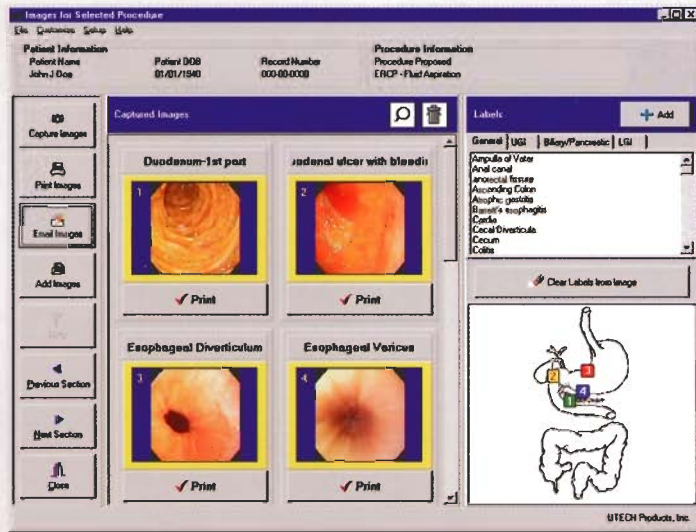
Pathology Requisition
Print labels
Findings and diagnosis
Electronic signature to sign off pathology results



Endoscopy Images

Endoscopy Images

- View images full size
- Capture video clips
- Side-by-side image comparison
- Annotate images
- Multi-format image printing
- Label images by simple mouse drag and drop
- Digital image storage
- Label location on GI tract by drag and drop
- Import or save as DICOM image



Endoscopy Report

Endoscopy Report

EndoSoft

10 Railroad Avenue, Albany, NY 12205, 518-489-5765

Patient Name: Jack Doe
 Date of Birth: 12/23/1945
 Record Number: 679954
 Date/Time of Procedure: 04/26/1998, 01:34 PM
 Referring Physician: John A Smith
 Endoscopist: Jane A Smith

PHYSICIAN PERFORMED

Sigmoidoscopy

INDICATIONS FOR EXAMINATION

Screening sigmoidoscopy.

Instruments: CF-500
 Methodology: None
 Visualization: Good
 Extent of Exam: Splenic flexure
 Lesions: None

Procedure Technique: A physical exam was performed. Informed consent was obtained from the patient after explaining all the risks, benefits, bleeding, infection and adverse effects to the procedure, benefits and alternatives to the procedure, which the patient appeared to understand, and so stated. The patient was connected to the monitoring devices and placed in the left lateral position. A digital exam was performed and the colonoscope introduced in to the rectum and advanced under direct visualization to the splenic flexure. The splenic flexure was identified by visual landmarks. The scope was subsequently removed slowly while carefully examining the colon, rectum, antrum, and integrity of the mucosa on the way out. In the rectum, the scope was introduced to evaluate for internal hemorrhoids and anal canal pathology. The patient was subsequently reassured to the necessary and in satisfactory condition. The following findings were noted:

FINDINGS

Moderate diverticulosis noted from the sigmoid colon to the splenic flexure.
 1 cm pedunculated polyp noted in the sigmoid colon.

ENDOSCOPIC DIAGNOSIS

Colonic diverticulosis.
 Pedunculated polyp noted in the sigmoid colon.

RECOMMENDATIONS

Colonoscopy with polypectomy in 3 week.

Signature: Jane A Smith, M.D.

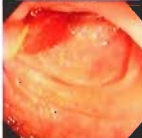
CPT Codes:
 45332 SIGMOIDOSCOPY
 ICD-9 Codes:
 V12.72 PERSONAL HISTORY OF COLONIC POLYPS
 562.10 DIVERTICULOSIS OF COLON (WITHOUT MENTION OF HEMORRHOIDS)

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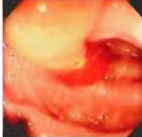
04/27/1998 09:09:13 AM Page 1

Sigmoidoscopy

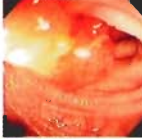
Colon polyp - pedunculated



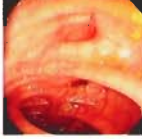
Colon polyp - pedunculated



Colon polyp - pedunculated



Diverticulosis



Letter to Referring Physician

- Endoscopy images on letter head
- Uses addresses from database for letter
- Secured Email in PDF format

Letter to Referring Physician

Jane A Smith, M.D.
 EndoSoft, 10 Railroad Avenue, Suite 100
 Albany, NY 12205
 518-489-5765

John A Smith, M.D.
 EndoSoft
 10 Railroad Avenue
 Suite 200
 Albany, NY 12205

RE: Jack Doe 04/26/1998
 12/23/1945

Dear John:

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Thank you for the opportunity to assist you in the care of this patient. The findings were discussed with Mr. Doe today along with the recommendations and follow up arrangements. Please feel free to contact me if I can be of any further assistance.

Best Wishes,

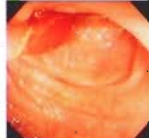
Sincerely,

Jane A Smith, M.D.

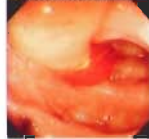
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Colon polyp - pedunculated



Colon polyp - pedunculated



Colon polyp - pedunculated



Diverticulosis



Discharge Instructions

- Instructions with/without Images
- Patient teaching
- Electronic Prescription
- Appointments
- Additional written instructions
- Community agency referrals

Inside Endosoft

CPT, ICD, HL7, DICOM
Voice recognition / dictation
Designed by endoscopists.
Includes EndoSwift for image capture, labeling, annotation, and printing.
High quality reports generated in minutes.
User-friendly graphical interface.
Reports printed on Windows printer.
Eliminates transcription costs.
Flexible; simply type in any additional information.
Easily customizable; all selection lists, description, and diagnosis can be modified by the user.
E-mail report and images with a simple mouse click.
Image location shown on GI tract image on report.
Print multiple copies for office, hospital, or referring physician, etc.
Save images and reports to disk for later use.
Works with LAN or WAN.
Fax reports from computer.
Laptop / portable version.

Features

Video Capturing
Medical spell checker
Compatible with major endoscopy systems
Biologin capability (Fingerprint Login)
Log Audit Trail with Endosoft LogManager
PhotoReport Technology
On-line help

Customizability

User-defined templates for reports and letters
All templates fully customizable
Selection lists fully customizable

System Reports

Patients
Endoscopists
Referring Physicians
Procedure report over date range
User / group level security

Imaging

Images acquired directly from endoscopy system
User-defined image cropping
Side-by-side image comparison
Export images from database
E-mail and fax images
Images stored digitally in database
X-ray and ultrasound images

Reports and Letters

All reports are fully customizable
Consent to treatment / procedure
Pre endoscopy physical
Endoscopy report with images
Post procedure notes
Discharge instructions
Letter to referring physician with images
Image comparison report

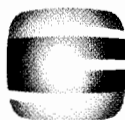
Supplied to you by:

Synectics Medical Ltd

217 Willow Road, Enfield, Middx. EN1 3BT

Tel: 020 8367 0815 Fax: 020 8363 6633

Email: sales@synecticsmedical.com



EndoSoft

What You Need

Windows 98 or NT/2000
Pentium 120 MHz processor or equivalent
64 MB RAM
200 MB available hard drive space recommended
Frame grabber card / USB Interface
SVGA monitor running at 1024x768 true color
Mouse or other windows pointing device
Color printer

Scheduling

Easily view scheduled procedures and sort by:

Patient record number
Procedure
Endoscopist
Referring Physician
Room
Instruments
Room block
Time block
Daily schedule report
Recall letters
Appointment and cancellation letters

Database Features

Standard SQL compliant database server
ODBC compliant
Universal SQL data access from a scalable SQL database server

Tables

Patients
Endoscopists
Referring Physicians
Procedures
Images

Standards

HL7, DICOM, CPT™, ICD
Minimal standard terminology
JPEG image format
Standard SQL database server

Endosoft Versions

Database version for hospital, practice, or clinic use.
Single-user version for laptop, personal computer, and mobile systems.
Endosoft for image capture, annotation, labelling, and printing.

Utech Products Inc.

10 Railroad Avenue
Albany, NY 12205 USA
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Email: sales@utechproducts.com
http://www.endosoft.com