

# Class B certificate of diagnosis

West Garden Hospital                      no.

Name :		Medical Record No. :	
National ID :		Service no. :	
Gender :	Occupation :	Age :	Date: yyyy mm dd
Place of birth :	Address :		
<b>Diagnosis</b>			
-----blank space below-----			
<b>Doctor' s comment</b>			
This patient, on ___yyyy__mm__dd, in the course of receiving painless_____exam at this hospital, underwent_____.                      blank space below			
Circumstance 1. issued on the day : date of the exam			
Circumstance 2. issued upon completion of surgical pathology report : completion date of the report			
Issued date :    yyyy    mm    dd			

● **Surgical Pathology biopsy :**

This patient, on○○○○(y)○○(m)○○(d), in the course of receiving painless colonoscopy(or panendoscopy) at this hospital, underwent colonic(or gastric) polyp **surgical biopsy**.

● **Small polyp (<5mm)biopsy forceps resection :**

This patient, on○○○○(y)○○(m)○○(d), in the course of receiving painless colonoscopy(or panendoscopy) at this hospital, underwent colonic(or gastric) polyp **resection by biopsy forcep**.

● **Medium to large polyp(≥5mm)snare cautary :**

This patient, on○○○○(y)○○(m)○○(d), in the course of receiving painless colonoscopy(or panendoscopy) at this hospital, underwent colonic(or gastric) polyp **Endoscopic Mucosal Resection**.

● **Two-days-one-night :**

This patient, on○○○○(y)○○(m)○○(d), undertook two days, one night health exam, on ○○(m)○○(d) in the course of painless colonoscopy(or panendoscopy), underwent colonic(or gastric) polyp ●●●●●●removal.

Department and Attending doctor :

Gastroenterology Department :

Certified doctor :

Physician's License Number :

Superintendent : Tse-An Lin

Notice : 1. The certificate is considered invalid without the seal of this hospital,

National ID (service ID).