

J. Greg Hinson, M.D. • COLPOSCOPY PROCEDURE FORM

Date: _____

Referring Physician: _____

Name: _____

Indication for Colposcopy: _____

Phone #: _____

HISTORY: Age: _____ LMP: _____ uHCG: pos. neg.

Smoker: yes no Birth Control Method: _____

Abnormal Pap and Colposcopy History: _____

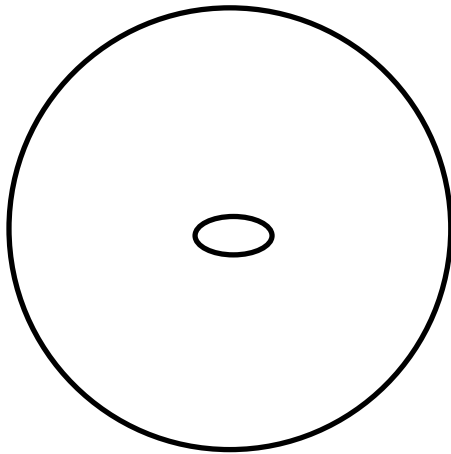
COLPOSCOPIC EXAMINATION:

VITALS: WT: _____ BP: _____

Satisfactory Unsatisfactory

Gross observations: _____

Pap repeated: yes no



LANDMARKS and ATYPICAL FINDINGS:

- TZ = transformation zone
- NC = Nabothian cyst
- PO = polyp
- C = condyloma
- AW = acetowhite epithelium
- MO = mosaicism
- X = biopsy sites
- SC = new squamocolumnar junction
- ME = immature squamous metaplasia
- AV = atypical vessels
- L = leukoplakia
- P = punctation
- LS = decreased Lugol's uptake
- CA = invasive carcinoma

ECC performed: yes no

Reid's Colposcopic Index:	
Margin	_____
Color	_____
Vessels	_____
Iodine	_____
Total	_____

IMPRESSIONS: _____

RESULTS: Biopsy pathology _____ ECC pathology _____

Repeat Pap _____

FOLLOW-UP: _____

PLAN: _____

Examiner _____