

Wollongong Day Surgery

healthcare

Open Access Endoscopy Service
Wollongong Day Surgery

PO Box W22 Wollongong West NSW 2500

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OPEN ACCESS ENDOSCOPY REFERRAL

PATIENT DETAILS

Surname: _____

Given names: _____

Date of birth: ____ / ____ / ____

Address: _____

Contact phone number: _____

PLEASE ATTACH A PATIENT MEDICAL HISTORY IF AVAILABLE

REFERRAL TO:

Dr Shehan Abey

Dr Jeremy Humphris

Dr Jenny McDonald

Dr Hung Chieng

Dr Amit Kapur

Dr Andrew Still

Dr Arthur Grillas

Dr Mario Malkoun

Dr David Swartz

PROCEDURE REQUESTED:

Gastroscopy

Colonoscopy

Gastroscopy + Colonoscopy

Consultation prior to endoscopy

INDICATIONS

Rectal bleeding

Polyp Surveillance

Family history

Change in bowel habits

+ FOBT

Bowel Cancer screening program

Iron deficiency

Reflux, Dyspepsia

Other Notes: _____

Haemoglobin: _____ Ferritin: _____

REFERRER DETAILS

Name: _____

Date: ____ / ____ / ____

Address (or stamp): _____

Provider Number: _____

Phone: _____

Fax: _____

Signature: _____

Email: _____