

Referral for Rapid Access Endoscopy and Colonoscopy

Fax to (08) 8364 2869 or email to info@kensingtongastro.com.au

Once the referral form has been received, we will contact the patient, arrange all hospital paperwork and information sheets and book the procedure within 7-14 days.

Patient's Name	Date of Birth	Sex M / F
Address		
Telephone		

Request for:
<input type="checkbox"/> Consultation
<input type="checkbox"/> Upper GI Endoscopy
<input type="checkbox"/> Colonoscopy

Clinical Details:
Is the patient on:
<input type="checkbox"/> Aspirin
<input type="checkbox"/> Clopidogrel, Ticagrelor
<input type="checkbox"/> Warfarin, Apixaban, Rivaroxaban, Dabigatran
<input type="checkbox"/> Insulin or diabetic tablets

Referring Doctor's Name
Provider Number
Address
Telephone
Signature _____ Date _____