

Specialised Procedures Request



SYDNEY
GASTROENTEROLOGY
AND LIVER GROUP

Requested Procedure *

- | | |
|---|---|
| <input type="radio"/> Endoscopic Ultrasound | <input type="radio"/> EMR/ESD |
| <input type="radio"/> EUS + biopsy | <input type="radio"/> Barrett's Endotherapy |
| <input type="radio"/> ERCP | <input type="radio"/> Balloon Enteroscopy |
| <input type="radio"/> Fibroscan | <input type="radio"/> Capsule Endoscopy |

Referral To *

- ☐ Dr Saurabh Gupta
☐ Dr Thao Lam
☐ Dr Rose Trieu
☐ Dr Calvin Park

Patient's Details

Title *

First Name *

Last Name *

Date of Birth *

Address *

Suburb *

State / Territory *

Postcode *

Mobile Phone

Work Phone

Medicare

Exp Date

Private Health Fund

Membership Number

Clinical Information

Reason for Referral *

- ☐ Pancreatic lesion (cyst/mass)
☐ Submucosal lesion
☐ Biliary obstruction
☐ Suspected small bowel bleeding
☐ Large colonic polyp(s)
☐ Barrett's with dysplasia
☐ Abnormal LFT
☐ Dysphagia
☐ Other

Please describe

Past Medical History

- ☐ Heart condition
☐ Respiratory disease
☐ Diabetes
☐ Renal impairment
☐ Liver disease
☐ Other

Please describe

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Medication

- ☐ Anticoagulant
- ☐ Antiplatelet
- ☐ Anti-arrhythmic agent
- ☐ Insulin
- ☐ Allergies

Anticoagulant

Antiplatelet

Anti-arrhythmic agent

Insulin

Allergies

Referring Doctor

Title *

First Name *

Last Name *

Address *

Suburb *

State / Territory *

Postcode *

Phone Number *

Fax Number

Provider Number *

Date of Referral *

Email Address *

Signature *

Our practice nurse will contact the patient to arrange procedure booking or consultation.

IF APPLICABLE, PLEASE REQUEST PATIENTS TO BRING ALL PATHOLOGY, IMAGING AND ENDOSCOPY RESULTS WITH THEM FOR THE APPOINTMENT OR PROCEDURE.

For further enquiries, please contact T: (02) 9480 6210 F: (02) 8008 1625 E: admin@gastroandliver.com.au

Sydney Gastroenterology and Liver Group

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