

DIRECT REFERRAL FOR OPEN ACCESS ENDOSCOPY



Coburg Endoscopy Centre
15 Munro St, Coburg 3058
T: 9386 4422 F: 9386 4433
admin@coburgendo.com.au
www.coburgendoscopy.com.au

DOCTOR TO COMPLETE

Patient Name Date of Birth

Address Telephone (H)

..... Mobile

Referral request for: ☐ Gastroscopy ☐ Colonoscopy ☐ Capsule Endoscopy ☐ Other

Specialist: ☐ NO PREFERENCE or

<input type="checkbox"/> A. V. Incani	<input type="checkbox"/> B. D'Souza	<input type="checkbox"/> G. Hartley	<input type="checkbox"/> P. Froomes
<input type="checkbox"/> G. Papadopoulos	<input type="checkbox"/> L.P. Cheah	<input type="checkbox"/> D. Holt	<input type="checkbox"/> P. J. Sitzler
<input type="checkbox"/> E. J. Lim	<input type="checkbox"/> M. Bishara	<input type="checkbox"/> P. Prichard	<input type="checkbox"/> S. Sood
<input type="checkbox"/> G. Kalogeropoulos	<input type="checkbox"/> A. Azizi		

Clinical Notes and Current Medications

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Referring Doctor Provider Number

Address Telephone

..... Fax

..... Email

Signature Date of Referral

PATIENT INSTRUCTIONS

1. Contact Coburg Endoscopy Centre on 9386 4422 to book in your appointment.
2. Complete our Admission Form and return to the centre at least seven days prior to your appointment. This form is available on our website www.coburgendoscopy.com.au or from our centre.
3. If you are taking medications, please make sure you have been given instructions by your doctor. You may be asked to cease certain medications or continue others.
4. If scheduled for a colonoscopy, purchase the recommended bowel preparation kit. These are available at any local pharmacy. PREPKIT C is available for sale at the centre.
5. Please bring this referral with you on the day of admission.
6. If you would like to learn more about our centre, please visit www.coburgendoscopy.com.au