

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



Medication

- Anti-arrhythmic agent
- Anti-coagulant
- Anti-platelet
- Insulin
- Ozempic / Wegovy / Mounjaro
- ALLERGIES

Radiology

- San
- PRP
- iMed
- Lumus
- Other / None

Anticoagulant

Antiplatelet

Anti-arrhythmic agent

Insulin

Allergies

Radiology - Other

Please specify radiology practice or write NONE

Referring Doctor

Title *

First Name *

Last Name *

Address *

Suburb *

State / Territory *

Postcode *

Phone Number *

Fax Number

Provider Number *

Date of Referral *

Email Address *

Signature *

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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