

REFERRAL TO LIFEHOUSE RAPID ACCESS ENDOSCOPY SERVICE

Referral to: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Dr Kirk Austin</td> <td style="width: 33%;">Dr Arthur Kaffes</td> <td style="width: 33%;">Dr Payal Saxena</td> </tr> <tr> <td>Prof Chris Byrne</td> <td>Dr Peter Lee</td> <td>Prof Michael Solomon</td> </tr> <tr> <td>Dr Crispin Corte</td> <td>Dr Justine Mil</td> <td>Dr Joshua Tang</td> </tr> <tr> <td>Dr Scott Davison</td> <td>Dr Darren Pavey</td> <td>Prof Christopher Young</td> </tr> <tr> <td>Dr Sean Griffin</td> <td>Dr Emilia Prakoso</td> <td>first available</td> </tr> </table>	Dr Kirk Austin	Dr Arthur Kaffes	Dr Payal Saxena	Prof Chris Byrne	Dr Peter Lee	Prof Michael Solomon	Dr Crispin Corte	Dr Justine Mil	Dr Joshua Tang	Dr Scott Davison	Dr Darren Pavey	Prof Christopher Young	Dr Sean Griffin	Dr Emilia Prakoso	first available	Period of referral: 12 months Indefinite
Dr Kirk Austin	Dr Arthur Kaffes	Dr Payal Saxena														
Prof Chris Byrne	Dr Peter Lee	Prof Michael Solomon														
Dr Crispin Corte	Dr Justine Mil	Dr Joshua Tang														
Dr Scott Davison	Dr Darren Pavey	Prof Christopher Young														
Dr Sean Griffin	Dr Emilia Prakoso	first available														
Procedure requested: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Gastroscopy</td> <td style="width: 33%;">Colonoscopy</td> <td style="width: 33%;">Gastroscopy + Colonoscopy</td> </tr> <tr> <td>Consultation prior to endoscopy</td> <td></td> <td></td> </tr> </table>	Gastroscopy	Colonoscopy	Gastroscopy + Colonoscopy	Consultation prior to endoscopy												
Gastroscopy	Colonoscopy	Gastroscopy + Colonoscopy														
Consultation prior to endoscopy																

PATIENT DETAILS

Patient History attached

Surname			
Given names			
Date of birth			
Address			
Contact phone numbers	Home	Work	Mobile

INDICATIONS

Rectal bleeding	Family history of malignancies / polyps
FOBT	Cancer screening
Polyp follow up	Cancer exclusion
Bowel cancer screening program	Iron deficiency
Other notes:	

REFERRER DETAILS

Name:	Provider number:
Address: (or stamp)	Phone:
	Fax:
	Email:
Signature:	Date: