

REFERRAL TO LIFEHOUSE RAPID ACCESS ENDOSCOPY SERVICE

<p>Referral to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Dr Crispin Corte</td> <td style="width: 33%;">Dr Sean Griffin</td> <td style="width: 33%;">Dr Scott Davison</td> </tr> <tr> <td>Dr Kirk Austin</td> <td>Prof Christopher Young</td> <td>Dr Jonathon Hong</td> </tr> <tr> <td>Dr Payal Saxena</td> <td>Dr Arthur Kaffes</td> <td>Dr Joshua Tang</td> </tr> <tr> <td>Dr Peter Lee</td> <td>Prof Chris Byrne</td> <td>Dr Justine Mill</td> </tr> <tr> <td>Dr Emilia Prakoso</td> <td>Dr Cherry Koh</td> <td>Dr May Wong</td> </tr> <tr> <td>Prof Michael Solomon</td> <td>Dr Daren Pavey</td> <td>First available</td> </tr> </table>	Dr Crispin Corte	Dr Sean Griffin	Dr Scott Davison	Dr Kirk Austin	Prof Christopher Young	Dr Jonathon Hong	Dr Payal Saxena	Dr Arthur Kaffes	Dr Joshua Tang	Dr Peter Lee	Prof Chris Byrne	Dr Justine Mill	Dr Emilia Prakoso	Dr Cherry Koh	Dr May Wong	Prof Michael Solomon	Dr Daren Pavey	First available	<p>Period of referral:</p> <p>12 months Indefinite</p>
Dr Crispin Corte	Dr Sean Griffin	Dr Scott Davison																	
Dr Kirk Austin	Prof Christopher Young	Dr Jonathon Hong																	
Dr Payal Saxena	Dr Arthur Kaffes	Dr Joshua Tang																	
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<p>Procedure requested:</p> <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															
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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:

Email referral

Print referral