

Endoscopy & Day Surgery PATIENT REFERRAL FORM

Centre and Specialist

Altona

- A/Prof Peter Nottle
- Dr Ashley Miller
- Mr Jason Winnett
- Dr Mark Lust
- Dr Simon Zanati
- Mr Rod Jacobs
- Dr Jal Bhathawalla
- Dr Andrius Kalade
- Dr Shiran Wijeratne
- Dr Saam Tourani
- Dr Ramez Bassari
- Mr Hai Bui
- Dr Johnathan Tan

Sydenham

ENDOSCOPY

- Dr Ashley Miller
- Dr David Iser
- Dr Robert Chen
- Dr NJ Arachchi
- Dr Georgina Baker
- Dr Johnathan Tan

ENDOSCOPY & SURGICAL

- A/Prof Peter Nottle
- Mr Jason Winnett
- Dr Jal Bhathawalla
- Mr Satish Warriar
- Mr Hai Bui
- Mr Chris Lu
- Mr Matthew Croxford

ORAL & MAXILLOFACIAL

- A/Prof Arun Chandu
- Mr Graeme Wright
- Mr Kush Patel
- Mr Felix Sim

DENTAL

- Dr Nasr Bachawaty
- Dr Bill Crawford
- Dr Andrew Maimur
- Dr Kar Man Chan
- Dr Anuj Batra

UROLOGY

- Mr Andrew Troy

Werribee

- A/Prof Peter Nottle
- Dr Ashley Miller
- Mr Jason Winnett
- Dr Mark Lust
- Dr Georgina Baker
- Mr Iain Skinner
- Dr Andrius Kalade
- Dr Audrey Yeo
- Dr Mohammad Rafique
- Dr Elliot Freeman
- Mr Yahya Al-Habbal
- Dr. Hai Bui
- Dr. Ramez Bassari
- Dr. Niranjana Arachchi
- Dr. Michael Hong
- Dr. Dileep Mangira

Patient details

Name: _____

Address: _____

Phone (H): _____ (M): _____

Date of birth: ____/____/____ Medicare no: _____

Procedure date: _____ Time: _____

Required procedure (please tick)

- Gastroscopy
- Colonoscopy
- Gastroscopy and Colonoscopy
- Capsule Endoscopy (Pill Cam)
- Dental
- Other: _____

If you have a preferred specialist, please indicate below

Please contact our centre prior to making patient appointment if:

- BMI > 45kg / m2
- Patient is on anticoagulant or antiplatelet therapy, except Aspirin
- Multiple comorbidities
- High level care patient

Clinical details

Please attach Health Information Summary including list of medications and recent blood test results

Haemoglobin: _____ Ferritin: _____

Referring Doctor

Name: _____

Clinic name: _____

Clinic address: _____

Provider no: _____

Signature: _____ Date: _____

Copy to: _____

Patient Information

Your doctor has asked that you make an appointment to see us. Please bring this form with you on the day.

Preparation

We will provide you with instructions regarding diet, fasting and laxative preparation (for colonoscopy) when you make your appointment.

Medicines

Please advise us if you are taking Warfarin, Aspirin or Diabetic Medication. We will provide instructions.

Travel

You must arrange for an adult to drive you home. You must not drive for the remainder of the day after your test. If you live alone we advise you have someone stay with you overnight.

Appointment time

This is your arrival time, NOT your procedure time. We will endeavor to perform your procedure as soon as possible after arrival.

What happens on the day?

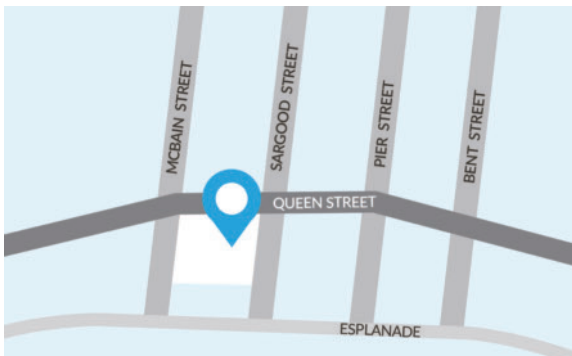
You will be admitted by a nurse and speak with a specialist and anaesthetist prior to the test.

What happens after the procedure?

You will awaken in the recovery area and will be provided a light refreshment before going home.

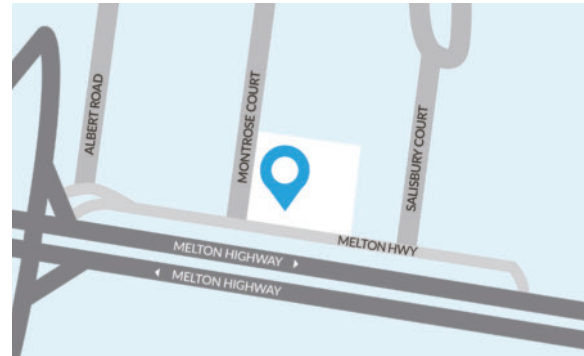
Any questions?

If you have any questions, please do not hesitate to call or visit your nearest Hobson Healthcare centre listed below.



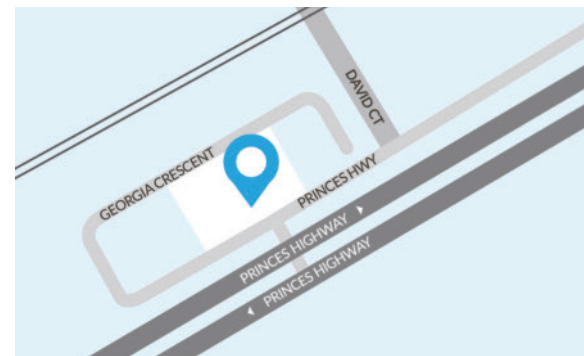
Altona

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 T: 1800 4 HOBSON or 1800 4 462 766
 F: 03 9398 8822
 E: hobson.bookings@healthcare.com.au



Sydenham

566 Melton Highway Sydenham, VIC 3037
 T: 1800 4 HOBSON or 1800 4 462 766
 F: 03 8361 6700
 E: hobson.bookings@healthcare.com.au



Werribee

179 Princes Highway, Werribee VIC 3030
 T: 1800 4 HOBSON or 1800 4 462 766
 F: 03 9731 8001
 E: hobson.bookings@healthcare.com.au

**Hobson
 Healthcare**

For information and bookings, please call: 1800 4 HOBSON or 1800 4 462 766:
hobsonhealthcare.com.au

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