

GASTROENTEROLOGY REFERRAL

PATIENT DETAILS

Name _____

Date of birth / /

Address _____

State _____ Postcode _____

Phone _____

SERVICE REQUIRED

Consultation

Direct access

Endoscopy

Colonoscopy



First class treatment. World class results.

457 Wickham Terrace, SPRING HILL 4000

REASON FOR REFERRAL

CLINICAL DETAILS

BMI > 40

Previous Anaesthetic Issues

Renal impairment

Diabetes

Insulin

Anti-platelets/coagulation

Clopidogrel

Warfarin

NOAC (Rivaroxaban/Dabigatran/Apixaban)

Other current medications

REFERRING DOCTOR DETAILS

Name _____

Address _____

Phone _____ Provider No. _____

Signature _____ Date _____



Dr Sunny Lee

MBBS MPH FRACP

Gastroenterologist
Interventional Endoscopist
Provider No: 261878EJ

Services

Gastroenterology

Hepatology

Inflammatory Bowel Diseases

Interventional Endoscopy

Colonoscopy

Bowel cancer screening

Endoscopic Ultrasound (EUS)

ERCP

Hepato-Pancreato-Biliary

Diseases

Location

St. Andrews Sessional Suites

Level 4, Suite 1

457 Wickham Terrace

Spring Hill QLD 4000

t 07 3831 6202

Correspondence

e admin@gastrodr.com.au

p PO Box 1236

Spring Hill QLD 4004

All appointments

t 1300 236 238

f 07 3041 2723