

General Surgeon

Specialist Medical Centre
Suite 1/77 Myall Street
Dubbo NSW 2830
Phone: 02 6809 7400
Fax: 02 6881 6569
Argus: wswlhd-ccdubsmc@health.nsw.gov.au



Health
Western NSW
Local Health District

Dr Mark Rice

Chandika Liyanage

Dr Kamal Galketiya

Direct Access – Request for Endoscopy

Requesting Doctor

Date of Referral..... Referral Period:.....Months

Name:

Address:

Provider No.....Doctor's Signature.....

Patient Details

Name.....DOB.....

Address:.....

Phone: Home.....Work/Mobile.....

Medicare No..... Expiry Date:.....

DVA or Private Health Insurance Information:.....

Request

COLONOSCOPY

ASTROSCOPY

INDICATIONS:.....
.....
.....

Please supply most recent Endoscopy/Colonoscopy report if available.

SIGNIFICANT HISTORY:.....
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MEDICATIONS:.....
.....

COMORBIDITIES: (asthma, diabetes, cardiac problems, anticoagulant therapy etc).
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.....

Please supply recent Full Blood Count if available.

URGENCY: Within 1 MONTH

Within 3 MONTHS

Non URGENT

Please fax completed form to the Specialist Medical Centre via wswlhd-ccdubsmc@health.nsw.gov.au or fax 02 6881 6569. The patient will be contacted to arrange a booking and to discuss required preparation for procedure.