



DIAGNOSTIC ENDOSCOPY CENTRE

Excellence in care

REFERRAL FORM





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Dr. Carolyn Bariol



Dr. Christopher Vickers



Dr. Robert Feller



Dr. Suhirdan Vivekanandarajah



Dr. Simon Ghaly



Dr. Antony Wettstein



Dr. Alina Stoita



Dr. David Williams

REFERRAL REQUEST

Date: _____

Patient: _____

DOB: _____

REQUEST FOR

☐ Consultation

☐ Gastroscopy

☐ Colonoscopy

☐ Oesophageal dilation

☐ ERCP*

☐ Liver biopsy*

GASTROENTEROLOGIST

☐ Dr. Carolyn Bariol

☐ Dr. Alina Stoita

☐ Dr. Antony Wettstein

☐ Dr. Robert Feller

☐ Dr. Christopher Vickers

☐ Dr. David Williams

☐ Dr. Simon Ghaly

☐ Dr. Suhirdan Vivekanandarajah

☐ First Available

TERTIARY REFERRALS AVAILABLE ON CAMPUS

• Capsule Endoscopy

• Oesophageal pH monitoring

• Endoscopic Ultrasound

• Anorectal manometry

CLINICAL NOTES

Your name and provider number: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Signature: _____

Direct bookings for gastroscopy colonoscopy and oesophageal dilation can be made by phoning the above telephone numbers. *Prior consultation or discussion is advised for liver biopsy, ERCP, elderly patients and patients with significant co-morbidities requiring colonoscopy.

INSTRUCTIONS FOR PROCEDURES OVERLEAF.

Suite 601, 438 Victoria Street, Darlinghurst NSW 2010 • Appointments: 8382 6622 • Fax: 8382 6602
www.diagnosticendoscopy.com.au

STATIONERY REQUEST FORM

REQUEST FOR

☐

A5 Request Pads (Pads of 50)

Number of Pads

PLEASE FILL OUT ALL THE FOLLOWING DETAILS TO ENSURE DELIVERY OF YOUR STATIONERY

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Provider Number: _____

STATIONERY CAN BE ORDERED BY:

Telephone: 8382 6622

Fax: 8382 6602

Website: www.diagnosticendoscopy.com.au

Email: jan@endoscopy.stvincents.com.au

GENERAL INFORMATION

- **Some medications will need to be stopped prior to your examination:** If you are on iron tablets, you must cease taking them 5 days before your examination. Iron tablets change the colour of your stools. (Continue taking prednisone if it has been prescribed for you.)

If you are on anti-coagulant medications (e.g. Warfarin, Eliquis, Xarelto, Pradaxa or platelet inhibitors (aspirin derived medications) you must have a discussion or consultation with your physician or the gastroenterologist prior to your examination. (Patients with vascular stents or atrial fibrillation must discuss their anticoagulation with their cardiologist or neurologist and their gastroenterologist prior to their procedure, and must not stop any of their anti-clotting medication until they have received appropriate instruction).

Please arrive 30 minutes prior to your admission time and bring the following with you:

1. Your current medications in a plastic bag or an accurate written list of what you take, how much, and how often.
2. Your Medicare card, health fund card, pension card, or Veterans Affairs card.

Your estimated length of stay at the DEC is 2–3 hours. However, although every effort is made to adhere to scheduling there will occasionally be unavoidable delays. Please bring a book.

- Appropriate clothing and footwear are provided. Please do not bring valuables, particularly jewellery. We do not accept responsibility for loss or damage of your valuables.
- If you have difficulty speaking or understanding English please bring someone who can interpret for you on the day of the procedure.
- You must have someone accompany you home after the procedure.
- You must not drive yourself home and you are not to return to work until the following day.
- If you cannot keep the appointment, please notify this Centre well in advance as a courtesy to other patients on the waiting list.

Detailed information regarding the preparation for each test, forms to be completed prior to your test, and all financial considerations will be sent to you at the time your booking is made. Please return the Booking Information Form, Medical History Form and referral letter prior to your admission date.
