

ENDOSCOPY OPEN ACCESS REFERRAL FORM

FAX number: 3281 2888

2/18 Limestone Street
IPSWICH 4305

Dear Doctor,

Please fax this completed form to Dr Terry Holt's private rooms on 3281 2888 and ask your patient to phone 3812 1222 to arrange a booking that suits them. Referrals can also be made by medical objects.

Referring General Practitioner: _____ Provider No: _____

Practice Address: _____

Phone: _____ Fax: _____

Patient Details:

Name: _____ DOB: _____ Phone: _____

Address: _____ Mobile: _____

Medicare No: _____ Exp: ____ / ____

DVA Number: _____ Gold / White: _____

Insurance Details:

Fund: _____ Membership No: _____ Date joined: _____

If Uninsured, patient will need to make contact with the rooms for an estimate of costs.

Patient referred for: Gastroscopy / Colonoscopy / Gast & colon

Clinical Information / Indication: _____

Alerts: Diabetes Mellitus (Insulin / Tablets / Diet)

Blood thinners: _____

Heart problems: _____

Pacemaker / Defibrillator: _____