

Referral for Rapid Access Endoscopy and Colonoscopy

Fax to (08) 8364 2869 or email to info@kensingtongastro.com.au

Once the referral form has been received, we will contact the patient, arrange all hospital paperwork and information sheets and book the procedure within 7-14 days.

Patient's Name Address	Date of Birth	Sex M / F
Telephone		
Request for:		
Upper GI Endoscopy		
Clinical Details:		
Is the patient on:		
Clopidogrel, Ticagrelor		
□ Warfarin, Apixaban, Rivaroxaban, Dabigatran		
□ Insulin or diabetic tablets		
Referring Doctor's Name		
Provider Number		
Address		
Telephone		
Signature	Date	

46 Kensington Road Rose Park SA 5067 All appointments: (08) 8331 3373 Facsimile: (08) 8364 2869 Provider No: 059994AJ Calvary Adelaide Hospital Burnside War Memorial Hospital North Eastern Community Hospital Clare Hospital