



Eastern Gastroenterology

Patient details:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Phone: _____

Reason for referral: Clinical Information

- Consultation _____
- Gastroscopy _____
- Colonoscopy _____

Referring practitioner:

Name _____

Address _____

Provider no: _____

Date: ____ / ____ / ____ Signature: _____

Referral to: Any Doctor

- Dr Rajesh Bhatia
MBBS, MD, DM, MRCP, FRACP
- Dr Stephen Bloom
BMS, MBBS, PhD, FRACP
- A/Prof Mayur Garg
MBBS, PhD, FRACP
- Dr Paul Urquhart
MBBS, FRACP
- Sim Yee Ong
MBBS, BMedSci (Hons), FRACP, PhD Lor

Locations

- Epworth Eastern Hospital
(Consulting and Endoscopy)
9.4, 25 Nelson Rd, Box Hill VIC 3128
- Manningham Private Hospital
(Consulting and Endoscopy)
200 High St, Templestowe Lower VIC 3107
- Knox Private Hospital
(Consulting and Endoscopy)
Suite 11, 262 Mountain Hwy,
Wantirna VIC 3152
- Mitcham Private Hospital
(Consulting and Endoscopy)
27 Doncaster E Rd, Mitcham VIC 3132