Eastern
Gastroenterology

Patient details:

Name: _____ Date of Birth: / /

Address: _____

Phone: _____

Reason for referral:

- ☐ Consultation
- ☐ Gastroscopy
- ☐ Colonoscopy

Clinical Information

_____

_____

_____

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
- ☐ A/Prof Evan Newnham
  MBBS, PhD, FRACP
- ☐ Dr Paul Urquhart
  MBBS, FRACP
- ☐ A/Prof Daniel van Langenberg
  MBBS, PhD, FRACP

Epworth Consulting Suites
Suite 2, Level 2, 1 Arnold St
Box Hill, VIC 3128

(03) 9895 7628
(03) 9454 9330

admin@easterngastro.com.au
www.easterngastro.com.au