Adult Open Access Endoscopy Service

WARRINGAH — DAY SURGERY —

Dr Jeffrey Tu
MBBS, FRACP

Dr Christopher Vickers
MBBS (Hons), BSc (Hons), FRACP, FAGA, FAASLD

Dr Jamal Merei
MBChb, FRCA (GLAG), MD (Melb Uni), FRACS

Patient's Name: _____ D.O.B. _____

Contact Number: _____

Address: _____

_____ Postcode _____

Appointment type: ☐ Gastroscopy ☐ Colonoscopy

Colonoscopy patients will need to pick up information regarding the procedure at least 3 days before the procedure.

Clinical Notes: _____

_____

_____

Patient Height: _____ Patient Weight: _____

Is patient on: ☐ Insulin ☐ SGLT2 Inhibitor (flozin)

☐ Anticoagulants (Aspirin, Clopidogrel, Warfarin, Xarelto, Pradaxa, Eliquis)

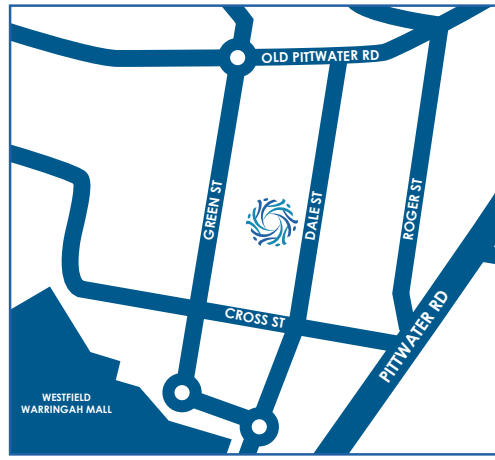
Referring Doctor's Details & Provider Number

(Stamp or Print)

Signature: _____ Date: _____

Phone: 02 9063 7585
Fax: 02 9137 6615
Address: 10 Dale St, Brookvale NSW 2100
Email: enquiries@warringahdaysurgery.com.au
Website: warringahdaysurgery.com.au

Warringah Day Surgery



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