

Adult Open Access Endoscopy Service

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Brisbane
Gastroscopy
+ Colonoscopy

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

Address _____

_____ Post Code _____

Consultation or

Examination Required Gastroscopy Colonoscopy

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

Clinical Notes _____

Is patient on:

Insulin Warfarin Clopidogrel, Iscover or Plavix Aspirin

Referring
Doctor's Details
& Provider no.
(stamp or print)

Signature _____ Date _____

Phone 07 3833 6701 Fax 07 3835 1075

Brisbane Gastroscopy & Colonoscopy

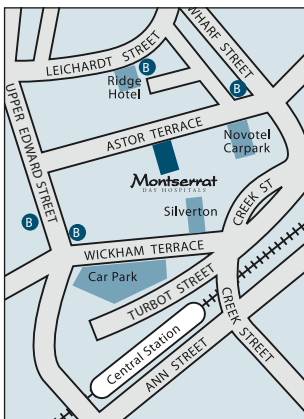
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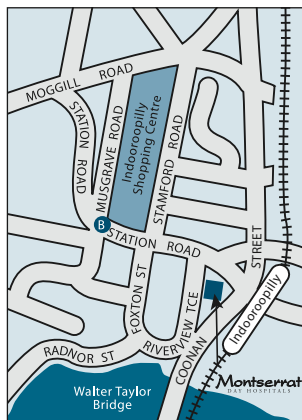
Level 2, 35 Astor Tce,
Brisbane Q 4000

12 Riverview Tce,
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383 - 391 Samford Rd
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