

Adult Open Access Endoscopy Service



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BA MA (Cantab) BM BCh (Oxon) MRCP
FRACP DPhil (Oxon)

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MBChB, FRACP

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

Contact Number: _____

Address: _____

Postcode _____

Appointment type: Consultation Gastroscopy Colonoscopy

Colonoscopy patients will need to sit a compulsory appointment at least 4 days prior to their procedure to collect the preparation solution and instructions.

Clinical Notes: _____

Is patient on: _____ Patient BMI: _____

Warfarin Clopidigrel NOAC SGLT2 Inhibitors

Is patient a diabetic (type & controlled by): _____

Referring
Doctor's Details
& Provider
Number

(Stamp or Print)

Signature: _____ Date: _____

Phone: 07 3833 6701 **GP Hotline:** 07 3833 6788

Fax: 07 3833 6740 **Email:** bookings@montserrat.com.au

Electronic Referrals can be sent via Medical Objects to provider number: **CM40 0000 07H**

32 Morrow St
Taringa Q 4068

383 - 391 Samford Rd
Gaythorne Q 4051

7 Endeavour Boulevard
North Lakes Q 4509

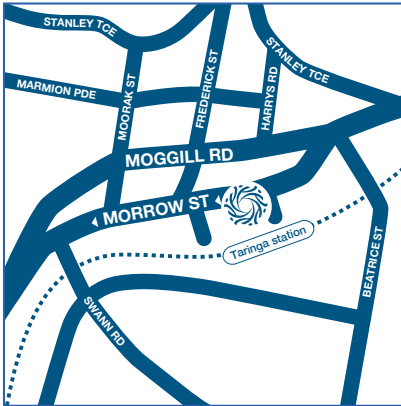




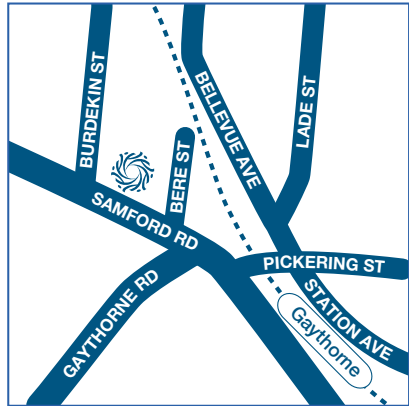
MONTSERRAT

— GASTROENTEROLOGY —

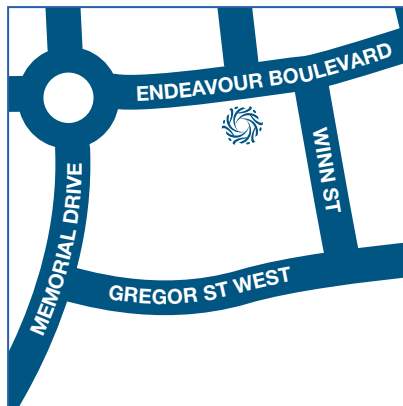
Locations



Taringa
32 Morrow St
Taringa Q 4068



Samford Road
383-391 Samford Rd
Gaythorne Q 4051



North Lakes
7 Endeavour Boulevard
North Lakes Q 4509

Phone: 07 3833 6701 **Fax:** 07 3833 6740

To re-order forms call 07 3833 6701