REFERRAL FORM

CONSULTANT GASTROENTEROLOGISTS

DR LLOYD DORRINGTON MB BS (QLD) FRACP
Suite 3, Brockway House, 82 Queen Street, SOUTHPORT 4215
Ph: 07 5591 4455 Fax: 07 5591 4077

REFERRAL TO: ◯ Dr Dorrington

SERVICE REQUESTED:

COLONOSCOPY

◯ Colonoscopy
◯ Colonoscopy with Consultation

GASTROSCOPY

◯ Gastroscopy
◯ Gastroscopy with consultation

PATIENT NAME:_____ **DOB**_____

CLINICAL NOTES:

REFERRING DOCTOR_____

SIGNATURE_____

PROVIDER NUMBER_____**REFERRAL DATE**_____

FACILITIES:
GOLD COAST PRIVATE HOSPITAL
PACIFIC PRIVATE DAY SURGERY
PINDARA HOSPITAL ENDOSCOPY UNIT
PINDARA DAY PROCEDURE CENTRE

For all bookings and further information please ph 07 55914455