

REFERRAL FORM

CONSULTANT GASTROENTEROLOGIST

DR ALEX DORRINGTON BSc MB BS (QLD) FRACP

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Ph: 07 5591 4455 Fax: 07 5591 4077

REFERRAL TO:

Dr Dorrington

SERVICE REQUESTED:

Colonoscopy

Gastroscopy

Colonoscopy with Consultation

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

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For all bookings and further information please ph 07 55914455