

REFERRAL FORM

CONSULTANT GASTROENTEROLOGIST

DR WALED MOHSEN, B.Ec BA MBBS (Hons)(USyd) FRACP

Suite 3, Brockway House, 82 Queen Street, SOUTHPORT 4215

REFERRAL TO: Dr Mohsen

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
ROBINA PRIVATE HOSPITAL

PINDARA HOSPITAL ENDOSCOPY UNIT
PINDARA DAY PROCEDURE CENTRE

For all bookings and further information please ph 07 55914455

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