

Adult Open Access Endoscopy Service



Rosemont
Endoscopy Centre

Dr Ivan Valiozis
MBBS, FRACP

Dr Kendall Williams
MBBS(UNSW), FRACP, BSc(Med), MPH

Dr Nikola Mitrev
FRACP, BSc(Med)/MBBS (USyd), MPH (USyd)

Dr Stephen J Williams
MBBS, MD, FRACP

Dr Mayenaaz Sidhu
MBBS, FRACP

PATIENT DETAILS:

Name: _____ Address: _____

Phone: _____ Email: _____

D.O.B. _____ Medicare number: _____ Ref. _____ Expiry _____

Self funding Private health insurance: fund details _____

SERVICE(S) REQUESTED:

Consultation Gastroscopy Colonoscopy Iron infusion

INDICATION FOR REFERRAL:

Positive FOBT PR bleeding Other: _____
 History of polyps or malignancy Altered bowel habit
 Family history of bowel cancer Dysphagia
 Cancer screening Iron deficiency + anaemia

Additional Clinical Notes: _____

IS THE PATIENT ELIGIBLE FOR OPEN ACCESS?: Yes No

If any of the below apply then the patient will require a consultation prior to a procedure

Anticoagulation Therapy Diabetes on insulin
 Angina/Cardiac History Significant Respiratory Disease
 Pacemaker/defibrillator Impaired Renal Function (GFR <60ml/min)
 Artificial heart valve Active Cancer
 Advanced Liver disease Dual antiplatelet Therapy
 Atrial Fibrillation

REFERRING DOCTOR:

Name: _____ Address: _____

Phone: _____ Provider # _____

Signature: _____ Date: _____



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Once we receive this referral, we will contact the patient with a link to complete an Online Patient Admission Form. Once completed, we can book the patient's procedure.

We also require:

- Recent ECG if the patient is over 65 or has a cardiac history
- A copy of any FOBT results
- Pathology reports and/or old endoscopy reports if not an existing Rosemont Endoscopy Centre patient

Colonoscopy patients will need to attend a Preadmission appointment with a nurse in preparation for the procedure.



Phone: 02 4226 5499 | **Fax:** 02 4226 5484

Address: 56 Rosemont St, Wollongong NSW 2500

Email: enquiries@rosemont.com.au

Web: www.rosemont.com.au