



DR LEON FISHER

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REFERRAL FOR EUS

Referring Doctor Details:

Mr/Dr

Provider No:

Address

Telephone: Fax:

Patient Details (or attach sticker please):

Mr/Mrs/Ms

Address

DOB.....

Telephone

IS THE PATIENT: PUBLIC / PRIVATE **DIABETIC:** YES / NO

ON WARFARIN OR BLOOD THINNERS – PLEASE INDICATE

CLINICAL NOTES:

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Please fax any recent investigations including CT, ultrasound, MRI, colonoscopy, gastroscopy, bloods or histopathology with this request slip. If the patient has any films, please ask them to bring them on the day of the procedure.

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SIGNATURE OF REQUESTING DOCTOR

.....
DATE