

Gastroenterology Referral Form



Dr Jason Y Huang

MBBS, BMedSci, FRACP

GASTROENTEROLOGIST

MBBS BMedSci FRACP

Provider No. 264383UF

Patient details:

First name: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ DOB: _____

Request:

Consultation Colonoscopy Gastroscopy

Current medications and alerts:

- _____
- Diabetes - on tablets or insulin (please circle)
- Anticoagulants - warfarin, Plavix, Xarelto, Eliquis, other _____
- Renal impairment

Clinical details:

Referring Doctor's details:

Doctor's name: _____

Address: _____

Phone: _____ Provider number: _____

Signature: _____ Date: _____

Phone: 07 3193 0877 Fax: 07 3319 6466 Email: reception@drjasonhuang.com.au

www.drjasonhuang.com.au

Locations:

St Andrew's War Memorial Hospital
Sessional Suites, Level 4
457 Wickham Terrace
Brisbane QLD 4001

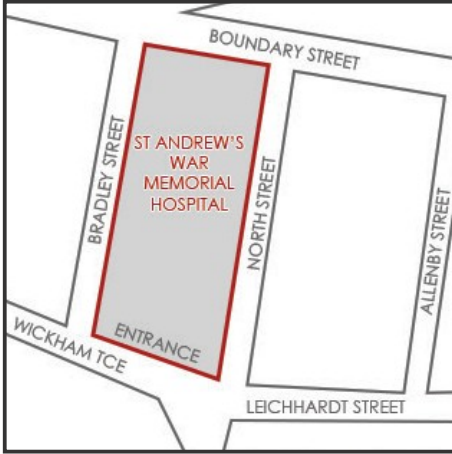
Holy Spirit Northside Private Hospital
Arnold Janssen Building, Suite 15, Level 1
627 Rode Road
Chermside QLD 4032

Correspondence: PO Box 206, Ashgrove QLD 4060

For all appointments please call: 07 3193 0877

Locations:

St Andrew's War Memorial Hospital
Sessional Suites, Level 4, Yellow lifts,
457 Wickham Terrace
Brisbane QLD 4001



Holy Spirit Northside Private Hospital
Arnold Janssen Building, Suite 15, Level 1
627 Rode Road
Chermside QLD 4032



Notes:
