



St. Vincent's Clinic \_\_\_\_\_

## DIAGNOSTIC ENDOSCOPY CENTRE

A.C.H.S. Accredited Day Hospital

Providing excellence in Diagnostic and Therapeutic Endoscopy since 1990

601/438 Victoria Street  
Darlinghurst 2010

Tel: 8382 6622  
Fax: 8382 6602

### REFERRAL REQUEST:

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

### REQUEST FOR:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Consultation           | <input type="checkbox"/> Gastroscopy | <input type="checkbox"/> Colonoscopy    |
| <input type="checkbox"/> Oesophageal dilatation | <input type="checkbox"/> ERCP *      | <input type="checkbox"/> Liver biopsy * |

### GASTROENTEROLOGIST:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dr. Carolyn Bariol | <input type="checkbox"/> Dr. David Byrnes     | <input type="checkbox"/> Dr. Paul Edwards        |
| <input type="checkbox"/> Dr. Robert Feller  | <input type="checkbox"/> Dr. Steven Mistilis  | <input type="checkbox"/> Dr. Christopher Vickers |
| <input type="checkbox"/> Dr. Alissa Walsh   | <input type="checkbox"/> Dr. Antony Wettstein | <input type="checkbox"/> First available         |

### Tertiary referrals available on Campus:

- Capsule Endoscopy
- Oesophageal motility
- Endoscopic Ultrasound
- Oesophageal pH monitoring
- Bravo pH monitoring
- Anorectal manometry

CLINICAL NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name and provider number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Direct bookings for gastroscopy, colonoscopy, and oesophageal dilatation can be made by phoning the above telephone numbers. \* Prior consultation is advised for liver biopsy, ERCP, elderly patients and patients with significant co-morbidities requiring colonoscopy.

Instructions for procedures overleaf.

## GENERAL INFORMATION

- **Some medications will need to be stopped prior to your examination:**

If you are on **iron tablets, aspirin, or anti-inflammatory drugs** you must cease taking them 5 days before your examination. (Continue taking prednisone if it has been prescribed for you.)

If you are on **anti-coagulant medications** you must have a consultation with the gastroenterologist prior to your examination. You should also consult the physician who prescribed the anti-coagulant for additional advice.

**Please arrive 30 minutes prior to your admission time and bring the following with you:**

1. Your current medications in a plastic bag or an accurate written list of what you take, how much, and how often.
2. Your Medicare card, health fund booklet or card, pension card, or Veterans card.

**Your estimated length of stay at the DEC is 2–3 hours. However, although every effort is made to adhere to scheduling there will occasionally be unavoidable delays. Bring a book.**

- Appropriate clothing and footwear are provided. Please do not bring valuables, particularly jewellery.
- If you have difficulty speaking or understanding English please bring someone who can interpret for you on the day of the procedure.
- You **must** have someone accompany you home after the procedure.
- You **must not** drive yourself home and you are not to return to work until the following day.
- If you cannot keep the appointment, please notify this Centre well in advance as a courtesy to other patients on the waiting list.

**Detailed information regarding the preparation for each test, forms to be completed prior to your test, and all financial considerations will be sent to you at the time your booking is made. Please return the Booking Information Form, Care Pathway and referral letter prior to your admission date.**