

Fax completed form to:

**Attn Sam Chui / Rachael Bowley**

Sydney Colorectal Associates, Hurstville Private Hospital, **9553 8456**

**Colonoscopy / gastroscopy referral letter – Private Hospital system**

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

Dear Dr's Lubowski, Perera, Gan and Phan-Thien,  
(circle the name of the preferred doctor)

The following patient requires colonoscopy and/or gastroscopy (Please circle the test required).

They are:

- In work up for the renal transplant waiting list
- On the renal transplant waiting list
- In follow up after a renal transplant
- Potential renal donor

Patient name:

Date of birth:

Address:

Phone number:

**Best contact number for patient:**

Medical history including signs, symptoms and family history of colorectal cancer:

Current history of rectal bleeding/ altered bowel habits/ bloating

Priority preference for colonoscopy and/or gastroscopy

- Routine (within 90 days)
- Urgent

Yours sincerely,

Print name: \_\_\_\_\_ Provider number: \_\_\_\_\_