Department of Renal Medicine
St George Hospital
Gray St,
Kogarah,
NSW 2217

Health
South Eastern Sydney
Local Health District

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: _____