



Rapid Access Form

Please note patients must not be on antiplatelets (excluding aspirin), anticoagulants or oral hypoglycaemic agent.

Preferred gastroenterologist (if any)

- Dr Avelyn Kwok** Provider Number 2382998T
- Dr Aviv Pudipeddi** Provider Number 4647104H
- Dr Thao Lam** Provider Number 245630LH
- Dr Karl Herba** Provider Number 423261AJ
- Dr Saurabh Gupta** Provider Number 2301655JH
- No preference**

Patient details

Name	Date of birth	/	/
Address		Postcode	
Contact number			
Email address			

Procedure **Gastroscopy** **Colonoscopy** **Gastroscopy and Colonoscopy**

Referrer details

Name	Provider number		
Address		Postcode	
Phone			
Date of referral	/	/	Signature

Indication: Gastroscopy

- Reflux
- Barrett's surveillance
- Other (*please specify*)
- +ve coeliac tests
- Gastric intestinal metaplasia surveillance

Indication: Colonoscopy

- FOBT+ve/NBCSP
- Family hx CRC
- Other (*please specify*)
- PR bleeding
- Past polyps

Please fax/email form to (02) 8209 4856/admin@nsgastro.com.au and give original to patient. This form is also available online at <https://nsgastro.com.au/appointments/patient-form/>. Patient will be contacted by practice nurse within 2-3 business days.