

St John of God Mt Lawley Hospital
Level 2 Medical Centre, Thirlmere Road, Mt Lawley WA 6050

St John of God Carine Specialist Centre
1/2 Gemstone Boulevard, Carine WA 6020

Patient Details

Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

Request: Consultation Procedure Both

Procedure: Gastroscopy Colonoscopy Both

Preferred Rooms: Mt Lawley Carine

NB: All procedures are performed at Mt Lawley

Clinical details and relevant medical history

(e.g. heart disease, diabetes, insulin, any anti-coagulation)

Referring Doctor

Name: _____ Provider number: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Date: _____

Signature / Stamp

Please tick box if you would prefer to receive all correspondence electronically