

## Melbourne Gastro- Oesophageal Surgery Referral

Referral to:  Mr Michael Hii       Mr Yuan Cheng       Mr Matthew Read  
 Dr Salena Ward       Mr Damien Loh

### Patient Details:

Name: .....

Address: .....  
 .....

Phone: .....

### Reason for referral:

Abdominal Hernia       Achalasia/Difficulty Swallowing       Adrenal Pathology  
 Gallstones       Gastric Cancer       Hiatus Hernia  
 Oesophageal Cancer       Pharyngeal pouch       Reflux disease  
 Splenic Pathology       Weight Loss Surgery  
 Other (please specify): .....

### Clinical Information:

Referring Doctor: .....      Provider No: .....

Address: .....  
 .....      Phone: .....

Signature: .....      Date: .....