

Melbourne Gastro-Oesophageal Surgery Referral

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

Patient Details:

Name:

Address:

Phone:

Reason for referral:

- | | | |
|--|--|--|
| <input type="checkbox"/> Abdominal Hernia | <input type="checkbox"/> Achalasia/Difficulty Swallowing | <input type="checkbox"/> Adrenal Pathology |
| <input type="checkbox"/> Gallstones | <input type="checkbox"/> Gastric Cancer | <input type="checkbox"/> Hiatus Hernia |
| <input type="checkbox"/> Oesophageal Cancer | <input type="checkbox"/> Pharyngeal Pouch | <input type="checkbox"/> Reflux Disease |
| <input type="checkbox"/> Splenic Pathology | <input type="checkbox"/> Weight Loss Surgery | |
| <input type="checkbox"/> Other (please specify): | | |

Clinical Information:

Referring Doctor: **Provider No:**

Address:

..... **Phone:**

Signature: