



PATIENT REFERRAL

I refer this patient to the following Gastroenterologist consultant:

- Dr Aidan Woodward** **Dr Che-yung (Jeff) Chao** **Any**

Referring Doctor :

Address:

Phone :

Patient Details :

Name :

Address:

Phone :

Date of birth :

Patient For :

- Consultation Gastroscopy Colonoscopy

Indication :

Alerts :

- Diabetes Mellitus SGLT2 Inhibitor Insulin GLP-1 Agonist

- Heart Disease Anti-platelet agent Warfarin/DOAC Therapy

- Other _____

Signed :

Date :
