

HOBSONS BAY ENDOSCOPY CENTRE

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Cert. no. 1050a1B

REFERRAL TO HOBSONS BAY ENDOSCOPY CENTRE

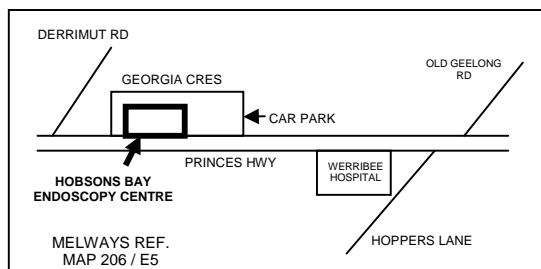
GASTROSCOPY []	Assoc Prof P. Nottle	Dr C Hair	Dr G. Srivatsa
COLONOSCOPY []	Dr A. Miller	Mr R. Jacobs	Mr R. Wale
BOTH []	Mr J. Winnett	Dr M. Lust	Dr S. Zanati
PILLCAM []	Dr N. Arachichi	Assoc Prof S McLaughlin	
OTHER _____	Dr R. Chen	Assoc Prof H. Parker	
	Dr P Dabkowski	Mr I. Skinner	

APPOINTMENT DATE: _____ TIME: _____ ENDOSCOPIST: _____

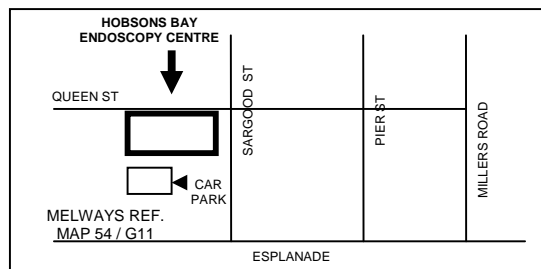
<p>PATIENT NAME: _____</p> <p>CLINICAL NOTES AND INDICATION FOR PROCEDURE</p> <p>Signed: _____ Date: _____</p>	<p>REFERRING DOCTOR: _____</p> <p>PROVIDER No: _____</p> <p>ADDRESS: _____</p> <p>FAX No: _____</p> <p>COPY TO: _____</p>
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WELCOME TO HOBSONS BAY ENDOSCOPY CENTRE. Your doctor has asked that you make an appointment to see us. Please bring this form with you on the day. Please advise us whether you have been referred for Gastroscopy, Colonoscopy or both procedures (**see over**)

WERRIBEE
 179 PRINCES HWY
 WERRIBEE, VIC 3030
Ph 03 9731 8000 Fax 03 9731 8001
 Hours: Mon-Fri 7.30am – 5.00pm



ALTONA
 CNR QUEEN & SARGOOD STS,
 ALTONA, VIC 3018
Ph 03 9398 8800 Fax 03 9398 8822
 Hours: Mon-Thurs 7.30am – 5.00pm Fri 7.30am – 4pm



SYDENHAM
 566 MELTON HWY,
 SYDENHAM, VIC 3037
Ph 03 8361 6400 Fax 03 8361 6700
 Hours: Mon-Fri 7.30am – 5.00pm

