

**REFERRAL FOR ENDOSCOPIC EXAMINATION**

Thank you for choosing the Colorectal Surgeons, Inc. for endoscopic examination of your patient. Because we believe our colleagues in family medicine understand the needs of our patients best, you can choose to schedule an endoscopic examination for them, at your convenience. We hope to provide a seamless and pleasant experience to you and your patient.

If your patients have adequate indication for endoscopy, or request for screening, and have none of the following contraindications, all you need to do is to fill up our request form. Your staff can then contact us at 6694 4844, and fax the form to us at 6694 4344.

We will then contact your patient to confirm the appointment for endoscopy, as well as to explain the procedure to your patients and to provide financial counseling.

**SUBSEQUENT FOLLOW UP**

A report and DVD of the endoscopy will be provided to your patients. We will also forward a copy of the endoscopy report to you at your clinic. We might also contact you to discuss the endoscopy findings and any further treatment as required. Please also feel free to contact us if you do require any form of clarification.

**CONTRAINDICATIONS**

1. Chronic kidney disease
2. Unstable angina
3. Patients on antiplatelets/anticoagulation
4. Uncontrolled hypertension
5. Severe lung disease
6. Patients with neck pain or cervical instability

**BOWEL PREPARATION**

Patients will require 90ml of oral fleet, taken with 2litres of clear fluids. Alternatively, they can also be prepared with 2litres of PEG solution. If you do not stock these medications in your clinic, your patient may either collect it from our clinic, or arrangements can be made for delivery by post.



**Colorectal  
Surgeons, Inc.**

(PTE. LTD.)

**Colorectal Surgeons, Inc. (Pte. Ltd.)**

38 Irrawaddy Road #06-30  
Mount Elizabeth Novena Specialist Centre  
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Telephone Fax  
(65) 6694 4844 (65) 6694 4344

Website  
www.colorectalsurgeons.com.sg

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**Prof. Eu Kong Weng**

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**FOR PATIENTS** (or Affix Patient Label)

**FOR CLINIC** (or use Clinic Stamp)

**Name** (as in NRIC)  
\_\_\_\_\_

**Identification / Passport No.**  
\_\_\_\_\_

**Postal Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Number**  
\_\_\_\_\_

**Family Physician's Clinic Name**  
\_\_\_\_\_

**Clinic Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Number**  
\_\_\_\_\_

**Email Address**  
\_\_\_\_\_

**Patient's Co-morbidities**

- Diabetes Mellitus     Chronic Kidney Disease     IHD     Others (Please Specify)
- Hypertension     Valvular Heart Disease     Asthma    \_\_\_\_\_

**Endoscopy to be performed and indications**

- OGD (Gastroscopy)     Dyspepsia     Reflux     Screening
- Loss of Weight     Dysphagia     Anaemia

**Colonoscopy**

- Screening     Loss of Weight     Abdominal pain and bloatedness     Change in bowel habits (Constipation/Diarrhea\*)
- Rectal Bleeding     Anaemia     Family History

**Patient's Medication History**

- Aspirin     Plavix (Clopidogrel)     Others (Please Specify)
- Warfarin     Ticlid (Ticlopidine)    \_\_\_\_\_

**Preferred date of Endoscopy**

\_\_\_\_\_

**Preferred time of Endoscopy**

- Morning     Afternoon

**Preferred Endoscopist**

- Prof. Eu Kong Weng  
 Dr. Ong Kian Peng, Julian

**Preferred Site of Endoscopy**

- Pacific Surgical and Endoscopy Centre  
 Mt Elizabeth Hospital

**Doctor's Name & Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

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