

**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**  
\_\_\_\_\_

**Julian Ong Endoscopy & Surgery Pte Ltd**  
38 Irrawaddy Road #05-49  
Mount Elizabeth Novena Specialist Centre  
Singapore 329563  
**T** +65 6694 0449  
**F** +65 6694 0447  
[www.drjulianong.sg](http://www.drjulianong.sg)

**Dr. Ong Kian Peng, Julian**  
Consultant General & Colorectal Surgeon  
MBBS (S'pore), M.MED (Surgery),  
FRCSed (General Surgery), FAMS (Surgery)  
**M** +65 9022 0701  
**E** julian@drjulianong.sg

**Please choose reason for referral.**

**Colorectal**

- Screening       Family history       Rectal bleeding       Loss of weight  
 Anaemia       Abdo Pain       Perianal disease       Piles  
 Abdo bloatedness       FOBT positive       Change in bowel habits

**Upper GI**

- Dyspepsia       Dysphagia       Reflux       Loss of weight  
 Anaemia       Family history       Malaena       Hemetemesis  
 Anorexia       Screening Endoscopy

**Abdominal**

- Abdominal mass for investigation       Abdominal pain for investigation       Ascites

**Oncology**

- Cancer follow up       Metastatic disease  
 Elevated tumour markers       Unknown primary

**Others**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Name & Signature**

**Date**

\_\_\_\_\_