

REFERRAL FOR ENDOSCOPIC EXAMINATION

Thank you for choosing Julian Ong Endoscopy & Surgery for endoscopic examination of your patient. Because I 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. I 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 0449, and fax the form to us at 6694 0447.

I 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. I will also forward a copy of the endoscopy report to you at your clinic. I 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.

Julian Ong Endoscopy & Surgery Pte Ltd
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Consultant General & Colorectal Surgeon

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E julian@drjulianong.sg

FOR PATIENTS (or Affix Patient Label)

FOR CLINIC (or use Clinic Stamp)

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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 Site of Endoscopy

- Mount Elizabeth Novena
 The GP Endoscopy & Piles Centre (Dleedon)
 Heah Endoscopy & Piles Centre (Bukit Batok)
 The Endoscopy & Piles Centre (Hougang)
 HC Endoscopy & Piles Centre (Ghim Moh)
 Tampines Endoscopy & Surgery Centre
 HC Endoscopy & Piles Centre (Hillford)

Doctor's Name & Signature

Date
