



Fast track referral for +ve FOBT

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Patient's name: _____ Patient's Ph: _____

Referring Doctor's stamp/Name: _____

	Y		Y
Positive FOBT result	<input type="checkbox"/>	Report attached	<input type="checkbox"/>

Recent bloods, including EUC, FBC & Iron studies (if available) Y / N (Please circle)

Any medical conditions that may require an anaesthetics review Y / N (Please circle)

*Please attach all relevant medical history + a CURRENT medication list

	Y	N	
Previous Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	Date _____

* (Attach scope reports please)

Fax completed form and attachments to 9113-1290

Any question? Phone: 91132194 Wednesday-Friday (Sarah Rolls CNC)