



# 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

Any medical conditions that may require an anaesthetics review    Y / N

\*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 (Kristine Dimagmaliw Direct Access Colonoscopy Nurse)