



theAlfred
Part of AlfredHealth

Gastroenterology Department
Ground Floor Alfred Centre
99 Commercial Road, Melbourne 3004
(03) 9076 2223 Fax 9076 2194

Name: _____	MRN: _____
Address: _____	

Date of birth: _____	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	

Gastrointestinal Investigations Unit

Mr Stephen Bell Dr Rebecca Burgell Mr Chip Farmer Mr Stewart Skinner

Or Next available appointment

REQUEST FOR:

- ANORECTAL PHYSIOLOGY (Manometry, neurophysiology, ultrasound)
- TRANSRECTAL / ENDOANAL ULTRASOUND ONLY
- OTHER → Please specify below

(all with procedure related consultation)

CLINICAL NOTES

- Incontinence
- Constipation
- Fistula assessment
- Rectal / anal tumour
- Other

REFERRING DOCTOR

Name: _____ Provider number: _____

Address: _____

Copy to: _____

Signature: _____ Date: _____

PLEASE FAX COMPLETED DOCUMENT TO: 9076 2194