

REFERRAL REQUEST

Dr Paul Froomes

BMedSci MBBS FRACP MD

Gastroenterologist Hepatologist Endoscopist

PATIENT DETAILS:

Surname: _____

Given Name: _____

Date of Birth: _____

Contact Number: _____

Email: _____

Medicare No: _____

Privately Insured

Disability or Aged Pension Card

(Consults & Manometry/pH Bulk Billed)

DVA Gold Card Holder

Consultation

Gastroscopy

Colonoscopy

Capsule Endoscopy (*Moonee Ponds*)

Manometry (*Moonee Ponds*)

24hr pH Study (*Moonee Ponds*)

CONSULTING LOCATIONS:

Moonee Ponds Suite 4, 8 Eddy St
Moonee Ponds, 3039

Prahran Beingwell Prahran
386 Malvern Rd
Prahran, 3181
(*Friday Mornings Only*)

PREFERRED HOSPITAL LOCATION:

East Melbourne Epworth Freemasons
109 Albert St
East Melbourne, 3002

Coburg Coburg Endoscopy
15 Munro St
Coburg, 3056

Ascot Vale North West Endoscopy
221 Maribyrnong Rd
Ascot Vale, 3032

For all bookings please call 9331 3122

REFERRING DOCTOR DETAILS:

Name: _____ Provider No: _____

Clinic Name: _____

Address: _____

Phone: _____ Email: _____

Date of referral: _____

CLINICAL INDICATION: _____

www.drpaulfroomes.com.au

Please send referral via Fax or Email

Phone: 03 9331 3122

Fax: 03 8648 5858

Email: admin@drpaulfroomes.com.au

HealthLink EDI - froomesp