gutCARE
digestive • liver • endoscopy associates

☐ **Mount Elizabeth Novena Specialist Centre** 38 Irrawaddy Road #10-58 Singapore 329563 **Tel 6734 3435 Fax 6734 3458**
☐ **Gleneagles Medical Centre** 6 Napier Road #10-07 Singapore 258499 **Tel 6475 0325 Fax 6475 0355**
☐ **Parkway East Medical Centre** 319 Joo Chiat Place #04-04 Singapore 427989 **Tel 6348 0648 Fax 6348 0685**
☐ **Mount Alvernia Hospital** 820 Thomson Road #07-55 Medical Centre D Singapore 574623 **Tel 6258 0508 Fax 6258 0509**

SPECIALIZED SERVICES REFERRAL FORM

For appointments, please contact our clinics directly

Patient Particulars

Affix Patient Label

Appointment

Appointment Date : ....

Appointment Time : ....

Appointment Location : ....

Fasting From (Date/Time): ....

Mode of Payment:

☐ Bill Patient ☐ Bill Clinic

Please Indicate Service Required:

Please give your patients a copy of our patient information/procedure preparation.

Patient Information on test preparation are available at **website link: bit.ly/gutcareprep**.

Breath Testing Studies (Please indicate)

☐ Lactose Intolerance

☐ Fructose Intolerance

☐ Small Intestinal Bacterial Overgrowth (SIBO) (Glucose)

Gastrointestinal Motility Studies

☐ Colon Transit Study

☐ High Resolution Esophageal Manometry and and 24hr pH Impedance Study (Acid Reflux Study)

☐ High Resolution Esophageal Manometry (Motility Study Only)

Specialized Pyschology Services

☐ Psychologist Consultation

***Please note for Acid Reflux and Motility Studies please call 6475 0325 for appointments**

Specialized Dietetics Services

☐ Dietitian Consultation

Liver Stiffness Measurement

☐ Fibroscan

Please Indicate Patient's BMI = _________

Indication: (e.g. Symptoms, Underlying Illness)

....

....

Referring Doctor (Stamp/Signature/Date)

....

Clinic Stamp: