GUTCARE
THE DIGESTIVE CARE SPECIALISTS

Mount Elizabeth Novena Specialist Centre 38 Irrawaddy Road #10-58 Singapore 329563 Tel: 6734 3435 Fax: 6734 3458
Gleneagles Medical Centre 6 Napier #07-19 Singapore 258499 Tel: 6259 7859 Fax: 6259 7839
Parkway East Medical Centre 319 Joo Chiat Place #02-03 Singapore 427989 Tel: 6348 0648 Fax: 6348 0685
Mount Alvernia Medical Centre D 820 Thomson Road #07-55 Singapore 574623 Tel: 6258 0508 Fax: 6258 0509
Farrer Park Medical Centre 1 Farrer Park Station Road #07-10 Singapore 217562 Tel: 6443 0708 Fax: 6443 0706
Mount Elizabeth Medical Centre 3 Mount Elizabeth #12-01 Singapore 228510 Tel: 6235 6651 Fax: 6235 6671

SPECIALIZED SERVICES REFERRAL FORM

For appointments, please call 6443 0708 or email to clinicalsvcs@gutcare.com.sg

Patient Particulars	**Appointment**
Affix Patient Label	Date:
	Time:
	Location:
	Fasting From (Date/Time):
BMI:	**Mode of Payment**
Diagnosis:	□ Bill Patient Directly
Indication (e.g. Symptoms, Underlying Illness):	□ Bill Referring Clinic

Please Indicate Service Required

Kindly provide your patient a copy of our patient information/procedure preparation.
The above information are available at **https://gutcare.com.sg/specialized-services/**

Breath Testing Studies	**Esophageal Motility Studies**
Note: 24hrs dietary restriction and 12 hrs fasting required prior to procedure (to be advised by Clinic Staff) □ Small Intestinal Bacterial Overgrowth (SIBO) Please indicate test substrate: □ Lactulose □ Glucose □ Lactose Intolerance □ Fructose Intolerance	*Note: 6 hrs fasting required prior to procedure (to be advised by Clinic Staff)* □ High Resolution Esophageal Manometry and 24 hrs pH Impedance Study (Acid Reflux Study) □ High Resolution Esophageal Manometry (Motility Study) **Constipation Colonic Motility Study** □ Colon Transit Study
Liver Stiffness Measurement *Note: 2 hrs fasting window required prior to procedure (to be advised by Clinic Staff)* □ Fibroscan with CAP	

.... **Referring Doctor (Stamp/Signature/Date)**

.... **Clinic Stamp**