

## SPECIALIZED SERVICES REFERRAL FORM

For appointments, please call 6443 0708 or email to [clinicalsvcs@gutcare.com.sg](mailto:clinicalsvcs@gutcare.com.sg)

For fibroscan, please call 6734 3435 or email to [gcnovena@gutcare.com.sg](mailto:gcnovena@gutcare.com.sg)

<b>Patient Particulars</b>	<b>Appointment</b>
	Date:
	Time:
	Location:
	Fasting From (Date/Time):
BMI:	<b>Mode of Payment</b>
Diagnosis:	<input type="checkbox"/> Bill Patient Directly
Indication (e.g. Symptoms, Underlying Illness):	<input type="checkbox"/> Bill Referring Clinic
<b>Please Indicate Service Required</b>	
Kindly provide your patient a copy of our patient information/procedure preparation. The above information are available at <a href="https://www.gutcare.com.sg/health-cat/specialised-services/">https://www.gutcare.com.sg/health-cat/specialised-services/</a>	
<b>Breath Testing Studies</b> <i>Note: 24 hrs dietary restriction and 12 hrs fasting required prior to procedure (to be advised by Clinic Staff)</i> <input type="checkbox"/> Small Intestinal Bacterial Overgrowth (SIBO) Please indicate test substrate: <input type="checkbox"/> Lactulose <input type="checkbox"/> Glucose <input type="checkbox"/> Lactose Intolerance <input type="checkbox"/> Fructose Intolerance	<b>Esophageal Motility Studies</b> <i>Note: 6 hrs fasting required prior to procedure (to be advised by Clinic Staff)</i> <input type="checkbox"/> High Resolution Esophageal Manometry and 24hrs pH Impedance Study (Acid Reflux Study) <input type="checkbox"/> High Resolution Esophageal Manometry (Motility Study)
	<b>Constipation Colonic Motility Study</b> <input type="checkbox"/> Colon Transit Study
<b>Liver Stiffness Measurement</b> <i>Note:</i> - Only available at <b>Gutcare Novena</b> - 2hrs fasting window required prior to procedure. (to be advised by Clinic Staff) <input type="checkbox"/> Fibroscan with CAP	

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

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**Clinic Stamp**