

SPECIALIZED SERVICES REFERRAL FORM

For breath test, esophageal motility and colonic motility appointment please call 6443 0708 or email to clinicalsvcs@gutcare.com.sg

For fibroscan, please call 6734 3435 or email to gcnovena@gutcare.com.sg

Patient Particulars	Appointment
	Date:
	Time:
	Location:
	Fasting From (Date/Time):
BMI:	Mode of Payment
Diagnosis:	<input type="checkbox"/> Bill Patient Directly
Indication (e.g. Symptoms, Underlying Illness):	<input type="checkbox"/> 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://www.gutcare.com.sg/health-cat/specialised-services/	
Breath Testing Studies <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	Esophageal Motility Studies <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)
	Constipation Colonic Motility Study <input type="checkbox"/> Colon Transit Study
Fibroscan Liver Stiffness Measurement <input type="checkbox"/> Fibroscan with CAP <i>Note: - Only available at Gutcare Novena - 2hrs fasting window required prior to procedure. (to be advised by Clinic Staff)</i>	

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Referring Doctor (Stamp/Signature/Date)

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Clinic Stamp