Southern Cross Specialists

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Referral to:

- ☐ **Prof Peter H Cosman**
- ☐ **Dr James Walcott**

Date of Referral | **Please call for urgent appointments**

Appointment

Patient Name

Address

Telephone | DOB

Reason for Referral

- ☐ **Endoscopy**
- ☐ **Abdominal pain**
- ☐ **Hernia**
- ☐ **Gallstones**
- ☐ **Hiatus hernia/Reflux**
- ☐ **Dysphagia**
- ☐ **Other**
- ☐ **Bariatric surgery**
- ☐ **Pancreatic mass**
- ☐ **Oesophageal tumour**
- ☐ **Gastric tumour**
- ☐ **Hepatic mass**
- ☐ **Pancreatitis**

Details

Referred by

☐ Please send me a new referral pad

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