



**Dr Robert Gandy** *MB ChB, MRCS, MS, FRACS*

General, Upper GI and Hepatobiliary Surgeon  
Clinical Lecturer in Surgery, UNSW.

## Referral form

### Patient details

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Staff to contact patient Yes or no

### Referrer details

Doctor \_\_\_\_\_ Provider \_\_\_\_\_

Clinic \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Duration of referral 3 months or 12 months

### Reason for consultation

Gallbladder

Obesity /metabolic

Hernia

Endoscopy

Liver

Colonoscopy

Pancreas

Follow up

Reflux

Abdominal pain

Biliary

Skin lesions

Gastric

Second opinion

Other \_\_\_\_\_

Suite 1  
Arthur Street Specialists  
69 Arthur Street  
Randwick  
NSW 2031

Telephone: 02-8599-4360  
Facsimile: 02-8211-5190  
Provider No: 291434YH  
Email: [Info@keyholesurgeon.com.au](mailto:Info@keyholesurgeon.com.au)  
Website: [www.keyholesurgeon.com.au](http://www.keyholesurgeon.com.au)

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