

ST VINCENT'S HOSPITAL SYDNEY  
DEPARTMENT OF GASTROENTEROLOGY  
REQUEST FOR CAPSULE ENDOSCOPY



**Dr Robert Feller**  
**MBBS, Ph.D, FRACP**  
**Prov. No. 27891AX**  
**Email: [rfeller@stvincents.com.au](mailto:rfeller@stvincents.com.au)**

**Fax: (02) 8382 3983**

**PATIENT NAME** ..... **DOB**.....

**ADDRESS** .....

**HOME PHONE** ..... **MOBILE** .....

**MEDICARE NO** ..... **EXPIRY**.....

**CLINICAL HISTORY** .....  
(Incl. surgery)  
.....  
.....

**DATE LAST ENDOSCOPY/COLONOSCOPY** .....

**NUMBER OF PREVIOUS ENDOSCOPIES/COLONOSCOPIES** .....

**RESULTS OF FBC AND IRON STUDIES**.....  
.....

**TRANSFUSION HISTORY** .....

**CO-MORBIDITIES** .....  
.....

**MEDICATION** .....

**PACEMAKER YES / NO** ..... **DATE OF REFERRAL**.....

**REFERRING SPECIALIST** .....

**PROVIDER NO** .....

**CONTACT DETAILS: PHONE** ..... **FAX**.....

**ADDRESS**.....

**EMAIL**:.....

**RESULTS TO BE RETURNED BY:**     **Email**                       **Letter**                       **Fax**

**Note:** All requests to be sent by facsimile.  
Medicare rebate currently available only for investigation of obscure GI bleeding (negative endoscopy & colonoscopy within the last six months). Patients will be contacted directly by the Gastroenterology Unit to arrange appointment time.