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Patient details	Referring Doctor Details
Name:	Name:
Date of birth:	Provider number:
Phone number:	Clinic name:
	Phone number:
Clinical details:	
Gastroscopy Color	noscopy
Post procedure appointm	ient
☐ Yes ☐ No	
If yes, duration of post p	rocedure appointment requested
Short	
10 - 15 minutes	
Follow up of histology res	sults only
Standard 30 - 45 minutes	
Follow up of results, ongo	oing management