SCOPE Clinic

Screening Centre for Outpatient Endoscopy

Dr. A. Bellini Dr. I. El-Takli Dr. H. Lau Dr. V. Puri Dr. L. Roth Dr. P. Tan Dr. L. Ying

12-470 Chrysler Drive, Brampton, ON L6S 0C1 Tel: (905)790-9030 Fax: (905)790-7487

# REFERRAL FORM

**PATIENT:** _____ **DOB:** _____

**ADDRESS:** _____

_____

**TEL.: [HOME]** _____ **[BUS/CELL]** _____

**HEALTH CARD:** _____

**INDICATION:**

☐ **≥ AGE 50 AVERAGE RISK FOR COLON CANCER**

☐ **FAMILY HISTORY OF COLON CANCER OR POLYPS**

☐ **POSITIVE FECAL OCCULT BLOOD TESTING: _____ OUT OF _____ SETS**

☐ **IRON DEFICIENCY ANEMIA (Please enclose blood test report):**
**Hb _____ Ferritin _____ Saturation _____**

☐ **OTHER:** _____

**REFERRING PHYSICIAN NAME/NUMBER:** _____

**DATE:** _____

**TEL.:** _____ **FAX:** _____