

FASTRACKCYSTO REFERRAL

ADELAIDE FAST TRACK CYSTOSCOPY SERVICE

PATIENT NAME: _____

DOB: _____

CONTACT NUMBER (Home): _____ (Mobile): _____

PLEASE REVIEW FOR FLEXIBLE CYSTOSCOPY FOR INVESTIGATION OF:

- | | |
|---|--|
| <input type="checkbox"/> Macroscopic haematuria | <input type="checkbox"/> Sterile pyuria |
| <input type="checkbox"/> Microscopic haematuria | <input type="checkbox"/> Bladder or urethral pain |
| <input type="checkbox"/> Recurrent urine infections | <input type="checkbox"/> Bladder cancer surveillance |
| <input type="checkbox"/> Other _____ | |

RESULTS

Urine Microscopy

Done by (pathology firm): _____ Not Done

Urinary Tract Imaging

Done by (radiology firm): _____ Not Done

Other: _____

Adelaide Fast Track Cystoscopy

Phone: (08) 8239 9109

Fax: (08) 8239 9464

Email: book@fastrackcysto.com

www.fastrackcysto.com

Referring Doctor: _____ Signature: _____

Provider Number: _____ Date: _____

We would welcome any ideas you have on ways to improve this service.

More complex problems requiring evaluation should be referred for initial consultation as usual. Patients may be recommended for prior review at time of initial referral or for subsequent review and further assessment following cystoscopy if deemed appropriate.

PATIENT INSTRUCTIONS will be provided to patients on booking:

- No need to fast
- No need for a full bladder
- No need to cease warfarin or other anticoagulants
- No sedation
- Continue usual medication
- Able patients can self-drive
- No accompanying person needed unless usually required

Surgeon Request (Optional)

- Dr Samantha Pillay Dr Ailsa Wilson Edwards Dr Ashani Couchman
- First available Doctor

TO BOOK

- Email this form to book@fastrackcysto.com
- Fax referral to (08) 8239 9464

Ask patient to phone 8239 9109 during office hours Mon-Fri for appointment

Adelaide Fast Track Cystoscopy

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