



Dublin Gastroenterology and Endoscopy Group

at the Mater Private

PLEASE CHOOSE A DOCTOR:

ANY GROUP MEMBER

PROF PADRAIC MAC MATHUNA

DR GAYLE BENNETT

DR T BARRY KELLEHER

DR SINEAD BYRNE

PLEASE CHOOSE PROCEDURE:

GASTROSCOPY (OGD)

FULL COLONOSCOPY

LEFT COLONOSCOPY

PATIENT DETAILS:

GP DETAILS:

Name: _____

Name: _____

DOB: _____

Address: _____

Address: _____

Phone: _____

Mobile Phone: _____

Fax/Email: _____

INSURANCE: VHI LAYA IRISH LIFE GARDA ESB OTHER _____

CLINICAL DETAILS (please give as much detail as possible – symptom duration, empiric Rx etc):

RELEVANT MEDICAL HISTORY OR MEDICATIONS:

ANTICOAGULANT OR ANTIPLATELET AGENTS: _____

DIABETES OR RENAL IMPAIRMENT (can impact on bowel preparation) _____

OTHER _____

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