

DIRECT ACCESS ENDOSCOPY REQUEST FORM (GENERAL PRACTITIONER / HEALTH ENRICHMENT CENTRE)

To make an appointment, please fax this form to:

Fax no: 6357 3765 Telephone no: 9720 8601 / 6357 3766 / 6357 3767 (for main TTSH) OR Fax no: 6556 1479 Telephone no: 6554 6868 (for AMK Specialist Centre (AMKSC) Day Surgery)

Name:				
NRIC/ID No.:				
Address:				
Contact No.:				
Indication(s) for Gastroscopy (please tic	:k ☑)	Checkli	st (please tick ☑)	
☐ Recurrent upper abdominal pain / bloat		☐ For OG	D procedure, patient must be able to op	
☐ Reflux / heartburn		mouth by 3cm gap between the upper and lower		
		incisor to	o insert the endoscope	
Patients with these conditions are <i>NOT</i> :	suitable fo	or Open A	ccess Gastroscopy	
Physically unfit	•		netemesis or melaena	
 Uncontrolled hypertension (BP >180/100) 		**Ongoing fresh PR bleeding		
Diabetic on Insulin		On warfarin and NOAC Medications (e.g.		
Severe Ischaemic Heart Disease/With		Dabigatran, Rivaroxaban, Apixaban, Edoxaban)		
Cardiac devices e.g. Cardiac Pacemakers		Not competent to give consent		
and Stents / Heart Valve Replacement		Significant loss of weight		
 Severe Pulmonary Disease 		AMI / CVA within 6 months		
Below 21 years			t airway (e.g. short chin, OSA, morbid	
 Above 60 years old 	•	obesity		
Pregnancy)	
1 regulation	"	* Consider	referring to Emergency Department	
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Relevant History (please tick ☑ & fill in [
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	Orug Aller	gy sectio	n)	□ Nil
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