

REFERRAL FORM

PATIENT

Surname.....
 Given Names.....
 Address.....

 DOB...../...../..... M / F
 Tel.....

REQUEST

- Consultation
- 12-lead ECG
- Holter Monitor
- Echocardiogram (Echo)
- Exercise Stress Echo
- Exercise ECG
- Ambulatory Blood Pressure Monitor

CLINICAL DETAILS

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MEDICATIONS

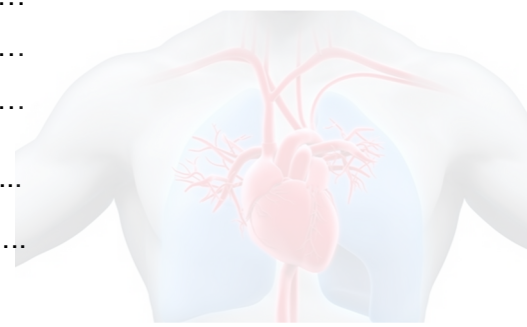
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REFERRING DOCTOR

Doctor's Name..... Provider #.....
 Address.....
 Ph.....
 Fax.....

Signature:	Date:
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Copies to.....





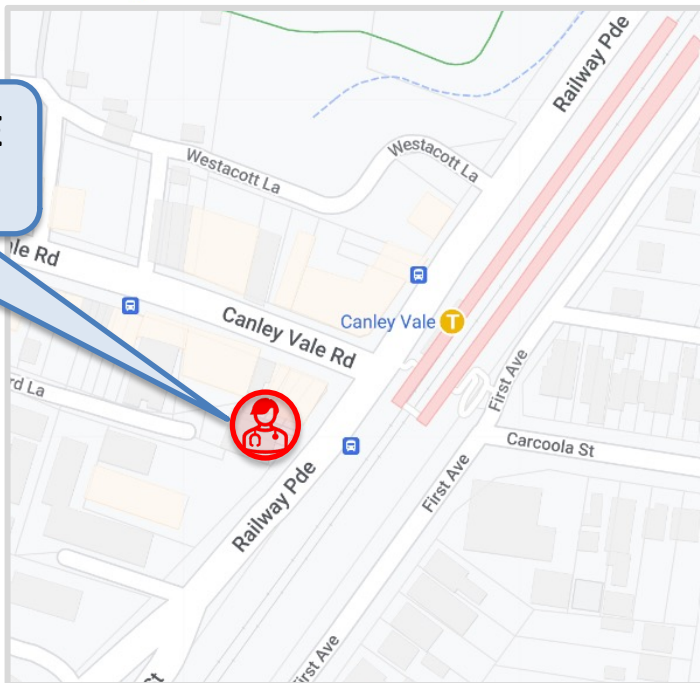
Heart Care

Specialist Centre

**120 RAILWAY PDE
CANLEY VALE**

We are located
opposite
Canley Vale
Train Station

**PHONE
9727 0004**



FOR YOUR APPOINTMENT

please kindly bring your:

- Medicare Card
- Referral Letter (to be eligible to claim Medicare benefits)
- A copy of your current medications
- Any relevant blood test, X-ray/CT scan results, operation reports, hospital reports etc

If you are unable to attend your appointment please kindly call the office to reschedule 24 hours before your appointment

For further information please visit www.heartcaresc.com.au
or email on admin@heartcaresc.com.au