

Patient Details

Name

Date of Birth

Telephone

Address

Medicare No.

Request For

- ☐ Consultation
- ☐ ECG
- ☐ 24 Hour Holter Monitor
- ☐ 24 Hour Blood Pressure Monitor
- ☐ Pacemaker / ICD Check
- ☐ Transthoracic Echocardiogram
- ☐ Stress Echocardiogram (with Transthoracic Echocardiogram)
- ☐ Stress Echocardiogram *only*

Clinical Details

For **Stress Echocardiogram**, please tick ≥ 1 of:

- ☐ Chest / neck / shoulder / jaw / arm pain or discomfort
- ☐ Shortness of breath on exertion
- ☐ Abnormal ECG
- ☐ Known coronary artery disease with ischaemic symptoms
- ☐ CT evidence of coronary artery plaque
- ☐ Pre-operative (if high-risk)
- ☐ Silent myocardial ischaemia suspected

Referring Doctor

Doctor's Signature

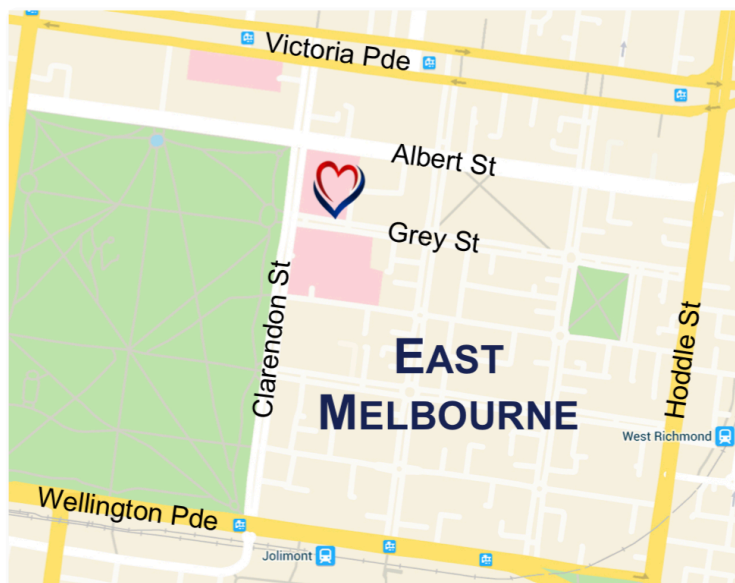
Copies To

Date



Windsor

54 The Avenue Windsor VIC 3181



East Melbourne

132 Grey Street East Melbourne VIC 3002