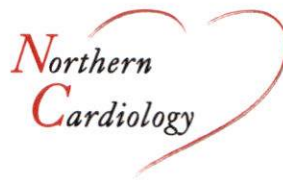


Referral Form



Northern Beaches Hospital
Suite 2, Level 6, Frenchs Forest Road
Frenchs Forest NSW 2086
PH: 8011 0678
FAX: 8011 0679

Patient Details

Full Name

DOB

Contact Number

Request for

- Consultation Pacemaker/defibrillator interrogation
- Heartbug

Echocardiogram

- Symptoms or signs of suspected cardiac failure
- Suspected or known ventricular hypertrophy or dysfunction
- Pulmonary hypertension
- Valvular, aortic, pericardial, thrombotic or embolic disease
- Heart tumour
- Symptoms or signs of congenital heart disease
- Cardiotoxic medication

Stress Echocardiogram

- Symptoms of angina
- Suspected silent myocardial ischaemia
- Progressive symptoms of ischaemia in the setting of known coronary artery disease
- Abnormal ECG in a patient without known coronary artery disease
- CT coronary angiogram with coronary artery disease of uncertain functional relevance
- Pre-operative assessment for intermediate-to-high risk surgery limited exercise capacity
- First degree relative with a suspected inheritable arrhythmia

Non-MBS reimbursed Stress Echocardiogram

- Screening test
- Other

Clinical Notes

Cardiologists

- Dr Natasha Huon Dr Michael Ward Dr Warren Yan
- Dr George Rudan Dr Eoin O'Dwyer First available
- Dr George Lau Dr Linda Lin

Referring Doctor

Name

Provider #

Date