



Patient: _____

NORTHERN CARDIOLOGY REFERRAL FORM

- | | |
|---|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Dr Christopher Barnes, FRACP |
| <input type="checkbox"/> Stress Echo / Stress ECG | <input type="checkbox"/> Dr Natasha Huon, FRACP |
| <input type="checkbox"/> Transthoracic echocardiogram | <input type="checkbox"/> Dr George Lau, FRACP |
| <input type="checkbox"/> Pacemaker check | <input type="checkbox"/> Dr George Rudan, FRACP |
| <input type="checkbox"/> Holter monitor | <input type="checkbox"/> Dr Michael Ward, FRACP |
| <input type="checkbox"/> Ambulatory BP Monitor | <input type="checkbox"/> First available |

Indication: _____

Referring Doctor:

Provider Number:

Practice address: _____

Signature: _____

Date: _____

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Frenchs Forest NSW 2086

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