



PATIENT INFORMATION:

First Name: Surname:

Date of Birth:...../...../.....



Heartlab
'your heart's in good hands'

INVESTIGATIONS REQUIRED:

- | | |
|---|---|
| 1. <input type="checkbox"/> Exercise Stress Test | 5. <input type="checkbox"/> Event / Loop Recorder |
| 2. <input type="checkbox"/> Echocardiogram | 6. <input type="checkbox"/> 12-lead ECG |
| 3. <input type="checkbox"/> Stress Echocardiogram | 7. <input type="checkbox"/> Tilt Testing |
| 4. <input type="checkbox"/> 24-hr Holter Monitor | 8. <input type="checkbox"/> Pacemaker Check |

APPOINTMENT FOR CONSULTATION REQUIRED:

- 10. Dr Guy Wright-Smith (Interventional Cardiologist)
- 11. Dr Shailesh Khatri (Interventional Cardiologist)
- 12. Dr Geoffrey Trim (Cardiologist & Electrophysiologist)
- 13. Dr John Meulet (Cardiologist & Electrophysiologist)

CLINICAL NOTES:

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.....

Referring Doctor _____	Provider No _____
Address _____	Date _____
Signature _____	
CC to _____	<input type="checkbox"/> Fax Results

Appointment Date:...../...../..... **Time:**.....:.....

- Location: Pacific Private Clinic, Southport
Suite 4/5 Level 4, Pacific Private Clinic, 123 Nerang Street, SOUTHPORT QLD 4215
 Tel: (07) 5591 6774 Fax: (07) 5591 6775
- John Flynn Private Hospital, Tugun
Suite 7a Level 7, Fred McKay House, 42 Inland Drive, TUGUN QLD 4224
 Tel: (07) 5598 0322 Fax: (07) 5591 6775