



The **Cardiac Centre**

'your heart's in good hands'

www.cardiac-centre.com.au

PATIENT INFORMATION:

First Name: **Surname:**

Date of Birth: / /



Heartlab
'your heart's in good hands'

INVESTIGATIONS REQUIRED:

- | | |
|---|---|
| 1. <input type="checkbox"/> Exercise Stress Test | 4. <input type="checkbox"/> 24-hr Holter Monitor |
| 1a. <input type="checkbox"/> Consultation if abnormal | 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 |
| 3a. <input type="checkbox"/> Consultation if abnormal | 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)
- 14. Dr Stirling Carlsen (Cardiologist)

CLINICAL NOTES:

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

Location: (for location address see over)

- | | |
|---|---|
| <input type="checkbox"/> Pindara Private Hospital, Benowa | <input type="checkbox"/> John Flynn Private Hospital, Tugun |
| <input type="checkbox"/> H.Q. Building, Robina | <input type="checkbox"/> Ballina Day Surgery, Ballina |