



**PATIENT INFORMATION:**

First Name: ..... Surname: ..... D.O.B: ...../...../.....

Address: ..... Ph: .....



**Heartlab**  
*'your heart's in good hands'*

**INVESTIGATIONS REQUIRED:**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Stress Echocardiogram     | 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"/> Exercise Stress Test      | 6. <input type="checkbox"/> 12-lead ECG           |
| 2a. <input type="checkbox"/> Consultation if abnormal | 7. <input type="checkbox"/> Pacemaker Check       |
| 3. <input type="checkbox"/> Echocardiogram            |   |

**APPOINTMENT FOR CONSULTATION REQUIRED:**

10.  Dr Guy Wright-Smith (Interventional Cardiologist)
11.  Dr Shailesh Khatri (Interventional Cardiologist)
12.  Dr John Meulet (Cardiologist & Electrophysiologist)
13.  Dr Stirling Carsen (Cardiologist & Echocardiography)
14.  Dr Ben Hunt (Cardiologist & Electrophysiologist)
15.  Dr Jodi Harker (Cardiologist & Echocardiography)

**CLINICAL NOTES:** .....

.....  
.....  
.....

Referring Doctor _____	Provider No _____
Address _____	Date _____
_____	Signature _____
CC to _____	

**Location: (for location address see over)**

- |   |   |
|---|---|
| <input type="checkbox"/> Pindara Private Hospital, Benowa | <input type="checkbox"/> John Flynn Medical Centre, Tugun |
| <input type="checkbox"/> Hope Island Central, Hope Island | <input type="checkbox"/> Ballina Day Surgery, Ballina     |

**Appointments 1300 980 322 07 5598 0322 Fax 07 5591 6775**

Your doctor has recommended that you use The Cardiac Centre but due to changes in Government Legislation for Echocardiography and Stress Echocardiography you may choose another provider, however please discuss this with your doctor first.

## TEST INFORMATION

<i>Test</i>	<i>Duration</i>	<i>Preparation</i>
Exercise Stress Test	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
Echocardiogram	30-45mins	No preparation necessary
Stress Echocardiogram	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
24hr Holter Monitor	15mins to fit 5mins to remove	Clean, dry skin is required. No powder or creams. If possible, please shower before coming to your appointment as you will be unable to shower when monitor is attached
Event Recorder	15mins to fit	Clean dry skin is required. No powder or creams.
ECG	5-10mins	Clean dry skin is required. No powder or creams.

### ***Pindara Private Hospital***

Suites 507-510 Level 5  
Pindara Specialist Suites  
29 Cararra Street  
BENOWA QLD 4217

### ***John Flynn Medical Centre***

Suites 301-303 Level 3  
42 Inland Drive  
TUGUN QLD 4224

### ***Hope Island Central***

Shop 13, 340 Hope Island Road  
HOPE ISLAND QLD 4212

### ***Ballina Day Surgery***

Suite 3  
46 Tamar Street  
BALLINA NSW 2478

## APPOINTMENTS

**1300 980 322 Tel: (07) 5598 0322 Fax: (07) 5591 6775**