

Cardiology Diagnostics Referral Form

MR NUMBER.....
SURNAME.....
GIVEN NAMES.....
DATE OF BIRTH..... Sex: M F
CONTACT NUMBER.....
Please fill in if no Patient Label available

All Tests are Bulk Billed

In-patient: Out-patient Urgent

Stress Test: Fax to (03) 5173 8199 or preferred method: Argusmessengercs34@lrh.com.au

Stress ECG and Consultation - Stress ECGs will be triaged prior to booking.

Resting Cardiology: Fax to (03) 5173 8386

- Pacemaker/ICD Check 24-hour BP 12 lead ECG
 Holter Monitor Cardiac Rehab Phase 2 Heart Failure Rehab
 Heart Bug

Echocardiogram: Phone: (03) 5173 5400 Fax: (03) 5173 5449

Available: Monday, Tuesday, Thursday and Friday

- Adult Echocardiogram
 Paediatric

Additional requirements:

- Bed Wheelchair
 Infectious precautions (Please specify below).

Clinical Details:

Referring Doctor's Details:

Dr:	Signature:
Clinic Details:	
Date of referral: / /	Provider No.:
CC:	Appointment time date:

PLEASE NOTE:

Echocardiograms are conducted at the hospital in the Endoscopy Suite. Please enter via the Main Reception and take the lifts to the first floor.

All other test (stress test, holter etc) is performed in Allied health on the ground floor

