

## Cardiology Referral Form

First Name:

Last Name:

Address:

Phone:

M

F

DOB:

### Request:

Consultation

Holter Monitor

Other:

Urgent Consultation

Event Monitor

12 Lead ECG

Ambulatory BP Monitor

Echocardiography

Pacemaker/Defibrillator Check

Stress Echocardiography

### Clinical History:

### Cardiologist:

If your referral is to a specific Cardiologist please indicate below:

Dr Chris Alexopoulos

Dr Andrew French

Dr Kristian Prados

No preference

Visiting Cardiologists:

Dr James Leitch

Dr Sze-Yuan Ooi

Dr Suresh Singarayar

### Referring Doctor:

Name:

Phone:

Date:

Provider Number:

Signature:



## Parking & Transport

On-site car parking is available at 12 Highfields Circuit. The bus stop at Port Macquarie Base Hospital is a 5 minute walk from the practice.

