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Cardiac Testing

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Patie	nt Details
Patient Name	
Sex M F Other Date of Birth	
Sex M F Other Date of Birth	
Address	Suburb
Phone Number	Medicare #
Filone Number	Medicare #
Examination Required (A	All testing is privately billed)
Please indicate if this appointment is urgent	
Echocardiogram For HF Symptoms For LVH or LV dysfunction For Valve Disease Other (please specify) Stress Echo (Treadmill) will include baseline echo appointment	CT Coronary Angiogram (includes specialist review to assess the patient, ensure that a CTCA is clinically appropriate and meets Medicare criteria) ECG Exercise Test Includes baseline ECG
For chest discomfort or external dyspnoe Know CAD with ongoing symptoms New ECG changes (previously identified coronary lesion / Pre-Op) Other (please specify)	Holter Monitor Event Monitor (3 days) Ambulatory BP Monitor
Please book patient for Cardiology Consult if indicated by results	
Cardiology Consultant	
A/PROF Michael Nguyen MBBS FRACP M.Phil Interventional Cardiologist	Dr Justin Ng MBBS, FRACP General Cardiologist and Electrophysiologist
Referring Doctor	
lame	Provider Number
:	Data (
ignature	Date
ractice Name	Contact Number

Send a copy of the report to

Health Link ED