



For All Appointments & Reports
 p. 9389 8658 f. 9200 5806
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 w. accesscardiology.com.au

PATIENT DETAILS

Patient Name: _____
 Address: _____
 DOB: ____ / ____ / ____ Phone(s): _____
 Medicare #: _____

ALL TESTING IS BULK BILLED

EXAMINATION REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> ECHOCARDIOGRAM* (AND CHOOSE BELOW) | <input type="checkbox"/> STRESS ECHOCARDIOGRAM* (will include Baseline Echo appointment) |
| <input type="checkbox"/> For HF Symptoms | <input type="checkbox"/> Treadmill |
| <input type="checkbox"/> For LVH or LV dysfunction | <input type="checkbox"/> Exercise bike (Stirling only) |
| <input type="checkbox"/> For Valve Disease | |
| <input type="checkbox"/> Other | <input type="checkbox"/> EXERCISE TEST (includes baseline ECG) |
| <input type="checkbox"/> ECG | <input type="checkbox"/> Treadmill |
| <input type="checkbox"/> HOLTER MONITOR | <input type="checkbox"/> Exercise bike (Stirling only) |
| <input type="checkbox"/> EVENT MONITOR (3 days) | <input type="checkbox"/> CT CORONARY ANGIOGRAM (includes Specialist review to assess the patient, ensure that a CTCA is clinically appropriate and meets Medicare criteria) |
| <input type="checkbox"/> AMBULATORY BP MONITOR | |
| Private billing applies. Medicare rebate available only if clinical criteria are met for item 11607 | |

- Urgent**
 Please book patient for a Cardiology Consult if indicated by results

CONSULTATION

- | | |
|---|---|
| <input type="checkbox"/> A/PROF MICHAEL NGUYEN
Interventional Cardiologist | <input type="checkbox"/> A/PROF HASSAN KAMALDDIN
Consultant Cardiovascular Physician |
| <input type="checkbox"/> DR JUSTIN NG
Cardiologist / Electrophysiologist | <input type="checkbox"/> DR ROBERT HARVEY
Interventional Cardiologist |

CLINIC DETAILS

Medical History/Medications: _____
 Specific Clinical Query? _____

*Note: Some patients may not be eligible for Medicare Rebate. Please state clinical details clearly.

REFERRING DOCTOR

Name: _____ Provider No: _____
 Signature: _____ Date: ____ / ____ / ____
 Practice Name: _____ Contact No: _____
 Copy of report to: _____

Please ensure Access Cardiology receives a copy of Patient Discharge Summaries

LOCATION GUIDE

Joondalup Consulting & Testing

Ground Floor
 Suite 6 Sanori House
 126 Grand Boulevard.

Nedlands Consulting & Testing

Hollywood Consulting Centre
 Suite 307
 91 Monash Avenue
 (Entrance Gate 5)

Cottesloe Consulting & Testing

Soleil Health
 3/40 Marine Parade,
 Cottesloe.

Murdoch Consulting & Testing

Wexford Medical Centre,
 Suite 55, 3 Barry Marshall Pde.

Mandurah Consulting & Testing

32 Minilya Parkway (Cnr Lakes Rd),
 Greenfields.

Albany Consulting & Testing

102 Aberdeen St,
 Albany.

Albany Testing Only

Albany Hospital (Zone 2)
 Warden Ave, Spencer Park.

Midland Testing Only

34 Railway Parade, Midland.
 Located inside PainWest.

Stirling Testing Only

12/732 Karrinyup Road, Balcatta
 Located in MedOne Medical Centre.

Rockingham Testing Only

Level 1, 18 Civic Blvd, Rockingham.
 Located upstairs in the Rockingham
 Medical & Dental Centre.



PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT