

**Referral**

Name:

DOB

Telephone:

Medicare Number:

Ref:

Exp:

**Appointment Priority:**     Semi Urgent    <1 week     Routine (next available)

**Cardiologist Consultation**

And/or

**Cardiologist Investigations:**

- Exercise Stress Echocardiogram (bulk billed)     Echocardiogram (bulk billed)
- Holter Monitor (bulk billed)     Dobutamine Stress Echocardiography (bulk billed)
- ECG (bulk billed)     Pacemaker Check     Cardiac Angiogram (by Cardiologist referral only)

**Clinical Details:**

**Medications:**

**Referring Doctor Name:**

Date:

Provider Number:

Address:

Signature:

CC:

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