



For all appointments & reports
 Tel: (08) 9389 8658 Fax: (08) 9200 5806
 Web: www.accesscardiology.com.au
 Email: admin@accesscardiology.com.au

PATIENT DETAILS

Patient Name

Address Suburb Postcode

Date of Birth / / Phone Number:
D D M M Y Y Y Y

Medicare Number: Private Health Number

EXAMINATION REQUIRED

ECG EXERCISE TEST HOLTER MONITOR EVENT MONITOR
(Includes baseline ECG)

AMBULATORY BP MONITOR ECHOCARDIOGRAM STRESS ECHO (TREADMILL)
(This test is not covered by Medicare) (Includes baseline ECHO)

CARDIOLOGY CONSULTATION

A/PROF MICHAEL NGUYEN DR JUSTIN NG DR. HASSAN KAMALDDIN DR SEKARAN GANA
Interventional Cardiologist Cardiologist / Electrophysiologist Consultant Cardiovascular Physician General / Echo Cardiologist.

CLINICAL DETAILS

Medical History / Medications:

Specific Clinical Query?

REFERRING DOCTOR

Name: _____ Provider No: _____
 Signature: _____ Date: ___ / ___ / ___
 Practice Name: _____ Contact Number: _____
 Health Link EDI _____

LOCATIONS

Nedlands **Murdoch** **Mandurah** **Joondalup**
 Suite 46 Hollywood Suite 55 Wexford Medical Centre 32 Minilya Parkway (corner Lakes Rd) Suite 8 Sanori House
 Medical Centre 3 Barry Marshall Parade GREENFIELDS WA 6210 126 Grand Boulevard
 85 Monash Avenue MURDOCH WA 6150 JOONDALUP WA 6027
 NEDLANDS WA 6009 (Level 3)

Copy of the Report to: _____

PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT