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 (D D / M M / Y Y Y Y) | Phone Number:

Medicare Number: | Private Health Number

EXAMINATION REQUIRED

- ☐ **ECG**
- ☐ **EXERCISE TEST** *(Includes baseline ECG)*
- ☐ **HOLTER MONITOR**
- ☐ **EVENT MONITOR**
- ☐ **AMBULATORY BP MONITOR** *(This test is not covered by Medicare)*
- ☐ **ECHOCARDIOGRAM**
- ☐ **STRESS ECHO (TREADMILL)** *(Includes baseline ECHO)*

CARDIOLOGY CONSULTATION

- ☐ **A/PROF MICHAEL NGUYEN** — Interventional Cardiologist
- ☐ **DR JUSTIN NG** — Cardiologist / Electrophysiologist
- ☐ **DR. HASSAN KAMALDDIN** — Consultant Cardiovascular Physician
- ☐ **DR SEKARAN GANA** — 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

☐ **Albany**
Consultations & Holters
102 Aberdeen Street
Albany WA 6330

☐ **Albany**
All Testing
Zone 2
Albany Hospital
Warden Avenue
Albany WA 6330

Copy of the Report to:

PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT