Sydney Cardiology

REFERRAL

PATIENT NAME

DATE OF BIRTH

PHONE

CLINICAL DETAILS

- ◯ CONSULTATION
- ◯ URGENT CONSULTATION

- ◯ INITIAL ECHOCARDIOGRAM (ONCE PER 2 YEARS)
- ◯ STRAIN ECHOCARDIOGRAM CLINICAL INDICATION: _____
- ◯ STRESS EXERCISE ECHOCARDIOGRAM + AND ASSOCIATED CONSULT (ONCE PER 2 YEARS)

- ◯ HOLTER MONITOR
- ◯ AMBULATORY BP MONITORING

REFERRING DOCTOR

PHONE

DATE

PROVIDER NUMBER

WWW.SYDNEYCARDIOLOGY.COM.AU

SAME DAY URGENT APPOINTMENTS AVAILABLE

SPECIALISTS

- ◯ DR JAMES WONG
- ◯ DR BILL PETRELLIS
- ◯ DR FIONA FOO
- ◯ DR GUNJAN AGGARWAL
- ◯ DR ABHINAV LUHACH
- ◯ A/PROF MARTIN BROWN
- ◯ DR RU-DEE TING
- ◯ DR ANDREW TERLUK
- ◯ NEXT AVAILABLE

BELLA VISTA

Suite 213, Q Central
10 Norbrik Drive
Bella Vista 2153
Phone (02) 9422 6000
bellavista@sydneycardiology.con.au

BLACKTOWN

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CHATSWOOD

Suite 901
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PARRAMATTA

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CITY

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