

Patient Details

Name: _____ Date of Birth: _____

Address: _____

Service Required

- | | |
|---|---|
| <input type="checkbox"/> Cardiac Consultation | <input type="checkbox"/> Implantable Device |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Holter Monitor |
| <input type="checkbox"/> Ambulatory BP monitor | <input type="checkbox"/> Stress Echo & Consult |
| <input type="checkbox"/> Exercise Stress Test & Consult | <input type="checkbox"/> Syncope & Blackout Consult |

Clinical Details

Referring Doctor's Details

Name: _____

Provider Number: _____

Telephone: _____

Email: _____

Doctor's Signature: _____ Date: _____

**Appointments call: (02) 9633 2244 or (02) 4578 9715
Blacktown, Castle Hill, Mt Druitt, Richmond, Wahroonga,
Westmead**

Attention Requesting Practitioners

Effective 1 August 2020, Medicare has made significant changes to Cardiac Services Item #s including specific indications, who can refer and how often.

Please review the guidelines we've provided and request within them. Tests requested outside of these guidelines can be done, however, the patient will not be eligible for a rebate.