



**Dr Graham Tanswell  
MBBS FRACP FCSANZ  
Consultant Cardiologist  
& Electrophysiologist**

**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**