

REFERRAL / REQUEST

- Consultation only Consultation with ECG/Imaging
 ECG/Imaging request only

CONSULTATION

- DR SUSAN WRIGHT DR HARRY KLIMIS DR CATHIE FORSTER DR SAMIA KAZI FIRST AVAILABLE
 DR DYLAN WYNNE DR ARVIND IYER DR CLAIRE IRVING DR MASAMI MIYASHITA

CARDIAC IMAGING REQUEST FORM

ECHOCARDIOGRAM

- Echocardiogram** *(Once in 24 months)*
 Suspected or known:
 - LV / RV DYSFUNCTION, LVH OR CCF
 - VALVULAR DYSFUNCTION
 - PULMONARY HYPERTENSION
 - AORTIC, PERICARDIAL OR THROMBOEMBOLIC DISEASE **Serial Echo - Pericardial or Cardiotoxic Medications**
(Nil time restriction)
 Serial Echo - Valvular *Specialist Only
(Nil time restriction)
 Serial Echo - CCF/Structural *Specialist Only
(Nil time restriction)
 Serial Echo - Other Rare *Specialist Only
(Nil time restriction)

MONITORS

- Holter Monitor** *(once in 4 weeks)*
 - PALPITATIONS OCCURRING > 1/WEEK
 - PRESYNCOPE OR SYNCOPE
 - SUSPECTED OR KNOWN TIA/STROKE
 - SUSPECTED ASYMPTOMATIC ARRHYTHMIA OCCURRING > 1/WEEK
 - SURVEILLANCE FOLLOWING CARDIAC SURGICAL PROCEDURE **24hr Blood Pressure Monitor** *(Non-MBS item, nil restrictions)*
 Heart Bug *(once in any 3 month period)*
 7 day Event Recorder *(once in any 3 month period)*

STRESS ECHOCARDIOGRAM

- Exercise Stress Echo** *(Once in 24 months)*
 - CHEST PAIN / DISCOMFORT
 - SUSPECTED SILENT ISCHAEMIA
 - ATYPICAL & TYPICAL ANGINA
 - KNOWN CAD + SYMPTOM OF IHD
 - SYMPTOMS PRECIPITATED WITH EXERTION
 - ECG CHANGES CONSISTENT WITH CAD / ISCHAEMIA
 - PREOPERATIVE ASSESSMENT REQUIRES PATIENT TO HAVE ONE OF IHD, HEART FAILURE, STROKE/TIA, RENAL DYSFUNCTION OR IDDM
 - CT FINDINGS OF UNCERTAIN FUNCTIONAL SIGNIFICANCE **Dobutamine Stress Echocardiogram** *(once in 24 months)*
 Repeat Exercise Stress Echo *Specialist Only
(once in 12 months)
 - EVOLVING SYMPTOMS OF SUSPECTED IHD

RESTING ECG / EXERCISE STRESS ECG

- Resting ECG and Report**
 Exercise Stress ECG
(once in 24 months incl. Stress Echo and MPS)
 - SYMPTOMS CONSISTENT WITH IHD
 - OTHER CARDIAC DISEASE EXACERBATED WITH EXERTION (INCL. ARRHYTHMIA)
 - SUSPECTED HERITABLE ARRHYTHMIA

OTHER

- Pacemaker Check Carotid Duplex Scan Pre-op Cardiac Assessment

Patient Name: _____ Date: ____ / ____ / ____

Date of Birth: _____ Phone No.: _____

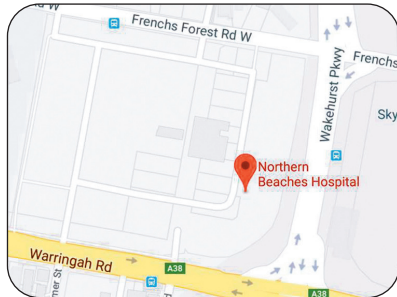
Address: _____

Clinical Notes: _____

REFERRING DOCTOR

Signature: _____ Provider No.: _____

SURGERY LOCATIONS



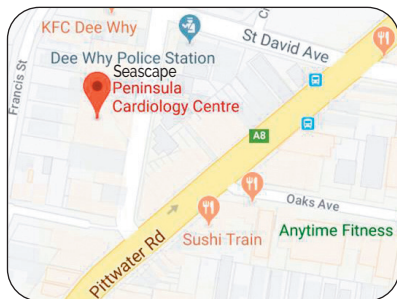
FRENCHS FOREST

Northern Beaches Hospital,
Suite 13, Level 6,
105 Frenchs Forest Rd West

Ph: 8598 3070

Fax: 9105 5720

- Surgery located on level 6 of Main Hospital building
- Parking available on site



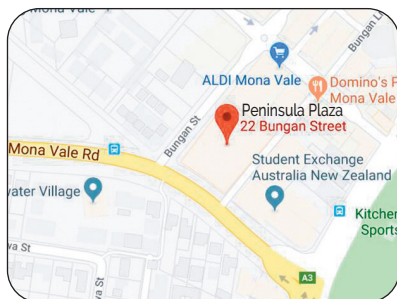
DEE WHY

Suite 14, Seascapes,
22 Fisher Road

Ph: 9982 8300

Fax: 9971 1594

- Surgery located in 'Seascapes' building
- Limited parking under building
- Metered parking on street



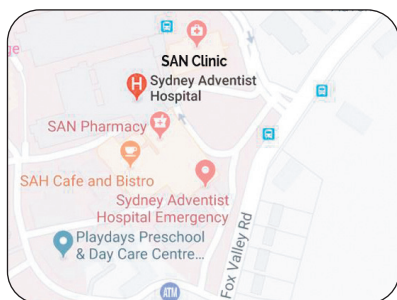
MONA VALE

Suite 503,
20 Bungan Street

Ph: 9979 8499

Fax: 9979 6962

- Surgery located in 'Peninsula Plaza' building
- Parking available under building
(entry via Bungan Lane) or off Bungan Lane.
- Metered parking on street



WAHROONGA

Suite 502, San Clinic,
185 Fox Valley Road

Ph: 8598 3079

Fax: 9480 8523

- Surgery located in 'San Clinic' building
- Parking under San Clinic, levels P4 & 5
- Lift access from car park
- Shorelink Bus Services: Route 573 - Turrumurra, Route 589 - Hornsby