



# CVC

CardioVascular Clinics

Ph 1300 306 358

F 07 3193 8055

E doctorconnect@cvclinics.com.au

W www.cvclinics.com.au

Referral Date: .....

## PATIENT DETAILS

Name: ..... Date of Birth: .....

Phone: ..... Mobile: .....

Appointment Time: .....

## CONSULTATION WITH

- |  |  |
|--|--|
| <input type="checkbox"/> DR ALEX INCANI<br><i>Clinical and Interventional Cardiologist</i>       | <input type="checkbox"/> DR CHRIS RAFFEL<br><i>Clinical and Interventional Cardiologist</i>            |
| <input type="checkbox"/> DR BRENDAN BELL<br><i>Clinical and Interventional Cardiologist</i>      | <input type="checkbox"/> DR MAHALA HUDAVERDI<br><i>Cardiologist and Cardiac Imaging Specialist</i>     |
| <input type="checkbox"/> DR MATTHEW PINCUS<br><i>Clinical and Interventional Cardiologist</i>    | <input type="checkbox"/> DR RENY SURYANI<br><i>Cardiologist and Cardiac Imaging Specialist</i>         |
| <input type="checkbox"/> DR RUSSELL DENMAN<br><i>Clinical and Electrophysiology Cardiologist</i> | <input type="checkbox"/> DR HARENDRA WIJESEKERA<br><i>Cardiologist and Cardiac Imaging Specialist</i>  |
|  | <input type="checkbox"/> DR HIMABINDU SAMARDHI<br><i>Clinical Cardiologist and Electrophysiologist</i> |

## TEST REQUEST FOR

- |  |   |
|--|---|
| <input type="checkbox"/> ECG                                 | <input type="checkbox"/> Dobutamine Stress Echocardiogram |
| <input type="checkbox"/> Echocardiogram                      | <input type="checkbox"/> Holter Monitor                   |
| <input type="checkbox"/> Exercise Stress Test (Exercise ECG) | <input type="checkbox"/> 24 hour BP Monitor               |
| <input type="checkbox"/> Exercise Stress Echocardiogram      | <input type="checkbox"/> Pacemaker/ICD testing            |
| <input type="checkbox"/> Transoesophageal Echocardiogram     | <input type="checkbox"/> Saline Bubble Study              |

## REFERRING DOCTOR

Name: ..... Provider#: .....

Address: .....

Signature: .....

Other Interested Parties: .....

Clinical Notes: .....



## LOCATIONS

- ST ANDREW'S SPRING HILL - Consulting and Testing Centre  
Suite 6.1, Level 6 St Andrew's Specialist Centre  
St Andrew's War Memorial Hospital  
457 Wickham Terrace, Spring Hill Q 4000
- NORTH LAKES - Consulting and Testing Centre  
Suite 501, Level 5 Specialist Medical Centre North Lakes  
6 North Lakes Drive, North Lakes Q 4509
- HERVEY BAY - Consulting and Testing Centre  
Suite 8, Level 1 Sara Stella Medical Centre  
St Stephen's Hospital, 1 Medical Place  
Urraween, Hervey Bay Q 4655
- ROCKHAMPTON - Consulting only  
Suite 3 Specialist Centre, Hillcrest Private Hospital  
4 Talford Street, Rockhampton Q 4700

## ALL BOOKINGS 1300 306 358

**F** 07 3193 8055

**E** [doctorconnect@cvclinics.com.au](mailto:doctorconnect@cvclinics.com.au)

**W** [www.cvclinics.com.au](http://www.cvclinics.com.au) (for online referral template)

**M** PO Box 192 Spring Hill Q 4004