

FOR APPOINTMENTS CALL (07) 5647 6001



Phone: 07 5647 6001 Fax: 07 5647 6016

**Robina HQ Building:** Suite 21 (Level 2) 58 Riverwalk Avenue Robina 4226

**POTTSVILLE:** 5 Coronation Avenue Pottsville 2489  
(Resting echo/24HBP/ Holters only)

<b>Date of Referral:</b>	
<b>Patient Details:</b> Name: Medicare: Phone: Address: _	<b>Referring Doctor:</b>

**Investigation/s Requested:**

Resting Echocardiogram	Stress Echocardiogram	Holter monitor (24 hours)
Rooti Patch	ABI	24 hour BP Monitor

**Consultation Required (If Abnormal):** Y/N

**Clinical History/Indication:**

**Past Medical History**

**Medications**

**Allergies**

SIGNATURE: \_\_\_\_\_

Date: