

Referral Form



Northern Beaches Cardiology
Suite 12, Level 1
Pittwater Place, 10 Park Street
Mona Vale NSW 2103
PH: 8998 7939
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Patient Details

Full Name

DOB

Contact Number

Request for

Consultation

Pacemaker/defibrillator interrogation

Heartbug

Device/brand _____

Echocardiogram - MBS Reimbursement criteria for Bulk Billing (indicate at least one criterion)

- Symptoms or signs of suspected cardiac failure
- Suspected or known ventricular hypertrophy or dysfunction
- Pulmonary hypertension
- Valvular, aortic, pericardial, thrombotic or embolic disease
- Heart tumour
- Symptoms or signs of congenital heart disease

Stress Echocardiogram - MBS Reimbursement criteria for Bulk Billing (indicate at least one criterion)

- Symptoms of angina
- Suspected silent myocardial ischaemia
- Progressive symptoms of ischaemia in the setting of known coronary artery disease
- Abnormal ECG in a patient without known coronary artery disease
- CT coronary angiogram with coronary artery disease of uncertain functional relevance
- Pre-operative assessment for intermediate-to-high risk surgery limited exercise capacity
- First degree relative with a suspected inheritable arrhythmia

Non-MBS reimbursed Stress Echocardiogram (Screening Test)

Non-MBS reimbursed Echocardiogram

Clinical Notes

Cardiologists

Dr Natasha Huon

Dr Michael Ward

First available

Dr Karin Chia

Dr Andrew Roy

Referring Doctor

Name

Provider #

Date

*Your doctor has recommended that you use Northern Beaches Cardiology.
You may choose another provider but please discuss this with your doctor first.*