HeartWise
Paediatric & Adult Echocardiography

1300 870 772
www.heartwise.me

58A Whitehorse Rd, Deepdene 3103
also servicing Greater Melbourne
ABN 51 141 796 170

fax 03 8679 0579
email info@heartwise.me

Surname:

Given Name: D.O.B.:

Address:

Phone:

Request for

- ☐ Echocardiogram
- ☐ ECG
- ☐ Holter
- ☐ Cardiology Consult

Clinical Notes:

Signs / Symptoms

- ☐ Murmurs
- ☐ Chest Pain
- ☐ Stroke
- ☐ Dizziness
- ☐ Infarction
- ☐ Arrhythmias
- ☐ Palpitations
- ☐ Dyspnea
- ☐ Fatigue
- ☐ Hypertension

Height: Weight:

Referring Doctor: Provider No.:

Address:

Phone: Fax:

E-mail:

Signature: Date:

Results: ☐ Post ☐ Fax ☐ Email

Copy to:

Your tests will be reported by a specialist. The report will then be sent to the Doctor who referred you.
You need to discuss the results with your Doctor.