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also servicing Greater Melbourne
ABN 51 141 796 170

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mobile 0414 018 018
email info@heartwise.me

Surname: _____

Given Name: _____ D.O.B.: _____

Address: _____

Phone: _____

Clinical Notes: _____

Request for

- Echocardiogram
- ECG
- Holter
- Cardiology Consult

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.