

Ashford
Level 2, 57 - 59 Anzac Highway
Ashford 5034
PH 8297 6888 FAX 8297 0846

North Adelaide
80 Brougham Place
North Adelaide 5006
PH 8367 0577 FAX 8367 0566

Norwood
40 The Parade
Norwood 5067
PH 8362 0822 FAX 8362 0820

Modbury
4/81 Smart Road
Modbury 5092
PH 8367 0577 FAX 8367 0566

Flinders
Level 6, Flinders Private Hospital
1 Flinders Drive
Bedford Park 5042
PH 8374 4559 FAX 8374 4558

Morphett Vale
221-223 Main South Road
Morphett Vale 5162
PH 8293 9360 FAX 8382 8622

Findon
Suite 5, 205 Grange Road
Findon 5023
PH 8345 5511 FAX 8297 0846

Other (please specify)

Please attach latest pathology results

To Doctor (**BLOCK letters**) _____ [mandatory for consultation referral]

Patient Name (**BLOCK letters**) _____

Address _____

DOB _____ Phone _____

Medicare number _____ Male Female

Period of referral 3 months 12 months Indefinite

Clinical Details (Please include medications)

FOR THIS REFERRAL TO BE VALID THE FOLLOWING MUST BE COMPLETED:

Referring Doctor _____

Provider Number **OR** _____

Address _____

Signature _____ Date _____

- Consultation
- 12 lead ECG with report
- Ambulatory **BP** monitoring
- Holter (ECG) monitoring
- Exercise (Treadmill) stress test
- Echocardiogram *
- Stress echocardiogram *
- Dobutamine stress echocardiogram *

*Your doctor has recommended you attend SA Heart for an echocardiogram. You may choose another provider but please discuss this with your doctor first.