

Ashford
Level 2, 57 - 59 Anzac Highway
ASHFORD SA 5035
Ph/Fax: 08 8297 6888

Calvary Adelaide
Level 2, 120 Angas Street
ADELAIDE SA 5000
Ph/Fax: 08 8293 9350

Norwood
34-36 The Parade NORWOOD
SA 5067
Ph/Fax: 8362 0822

Modbury
12 Smart Road
MODBURY SA 5092
Ph/Fax: 8293 9310

Flinders
Level 6, Flinders Private Hospital
1 Flinders Drive
BEDFORD PARK SA 5042
Ph/Fax: 8374 4559

Morphett Vale
L1/118-120 Main South Road
MORPHETT VALE SA 5162
Ph/Fax: 8293 9360

Findon
Suite 5, 205 Grange Road
FINDON SA 5023
Ph/Fax: 8345 5511

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/Event (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.