

# Cardiology request form

**Patient**

Name

DOB

Phone

Address

Suburb

Postcode

**Cardiac testing** **URGENT** Transthoracic echocardiogram 24-hour holter ECG monitor Exercise stress echocardiogram 24-hour ambulatory BP monitor Dobutamine stress echocardiogram ECG event monitor (7 days) Exercise stress test Coronary artery calcium score (CAC)  
(co-reported with a radiologist) Device check (PPM/ICD/ILR)**Clinical details****Referring doctor**

Name

Provider number

Signature

Date

CC results to Dr

**World-class cardiac care**Please fax or email form to:  
 07 5414 1100  07 5414 1101  [admin@hearthq.com.au](mailto:admin@hearthq.com.au)**Dr Mark A Johnson**  
Cardiologist &  
Cardiac Imaging  
Specialist**Dr Peter J Larsen**  
Interventional  
Cardiologist &  
Structural Heart  
Specialist**Dr Michael Nam**  
Cardiologist &  
Electrophysiologist**Dr KK Lim**  
Cardiologist &  
Electrophysiologist**Dr Stuart J Buttery**  
Interventional  
Cardiologist &  
Structural Heart  
Specialist**Dr Naresh Dayananda**  
Cardiologist &  
Electrophysiologist**Prof Tony Stanton**  
Cardiologist &  
Cardiac Imaging  
Specialist**Dr Matthew Tung**  
Cardiologist &  
Electrophysiologist