

## **Cardiac Testing Service**

T: 02 4918 0150

E: lng.healtheheart@healthecare.com.au **Patient Details** Referrals via Medical Objects preferred. Name: ..... Date of Birth: \_\_\_\_\_\_Telephone:\_\_\_\_ Medicare Number:..... ...Ref:..... .....Exp: Health Fund:.... .....Membership No:..... **Cardiac Investigation** □ Urgent □ Routine ☐ Exercise Stress Echocardiogram Echocardiogram ☐ Cardiac Consultation □ ECG ☐ Holter Monitor Event Monitor Clinical Details: Medications: **Referring Doctor Details** Name:..... \_\_\_\_\_Dr Email:\_\_\_\_ Dr Phone Provider No: Address: ..... Signature: ..... Locations Lingard Private Hospital Maitland Private Hospital, Specialist Centre 2, 23 Merewether Street Suite 14B, level 2, 173 Chisholm Road, Merewether NSW 2291 East Maitland NSW 2323



