

Referral

Name:

DOB

Telephone:

Medicare Number:

Ref:

Exp:

Appointment Priority: Semi Urgent <1 week Routine (next available)

Cardiologist Consultation

And/or

Cardiologist Investigations:

- Exercise Stress Echocardiogram (bulk billed) Echocardiogram (bulk billed)
 Holter Monitor (bulk billed) Dobutamine Stress Echocardiography (bulk billed)
 ECG (bulk billed) Pacemaker Check Cardiac Angiogram (by Cardiologist referral only)

Clinical Details:

Medications:

Referring Doctor Name:

Date:

Provider Number:

Address:

Signature:

CC:

Forster Private Hospital
Dolphin Suite 5A South Street
Forster NSW 2428
P: 02 6551 0722
E: referral.mayo@healthecare.com.au

Mayo Specialist Centre
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Forster
Private Hospital

Mayo
Private Hospital

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