

Mayo Private Hospital Consulting Suite

2 Potoroo Drive Taree NSW 2430

Ph 02 6551 0722 **Fax** 02 6551 0822

Referral				
Name:				
DOB:		Telephone:		
Ippointment Priority: ☐ Semi-		Jrgent <1 week	☐ Routine (next available)	
☐ Cardiologist Cons	ultation			
And/or				
Cardiac Investigation	ns:			
☐ Exercise Stress Echocardiogram		☐ Cardiac Angio	oplasty	
☐ Echocardiogram		☐ Cardiac Angio	ogram (by Cardiologist ref	erral only)
Clinical Details:				
				* ,
Referring Doctor:			Provider No:	
Address:				
Date:	Signatı	Jre:		
CC:				

Mayo Private Hospital