



# Express Cardio-Services

Name:

Date of Birth:

Address:

Telephone:

Request For:

Clinical Notes:

Referring Doctor's Details:

Copies To:

Fax Number:

Doctor's Signature:

Date:

To request for referral forms please turn over.

## Services

- |   |   |
|---|---|
| <input type="radio"/> Echocardiography (echo)         | <input type="radio"/> 24 Hour Blood Pressure Monitoring |
| <input type="radio"/> ECG                             | <input type="radio"/> Cardiologist Consultation         |
| <input type="radio"/> 24 Hour ECG (Holter) Monitoring |   |

Please tick the appropriate indication below for Medicare benefits for exercise stress tests.\*

- |  |  |
|--|--|
| <input type="radio"/> Exercise Stress Echo & Baseline Echo | <input type="radio"/> Exercise Stress Echo |
|--|--|

- Symptoms of typical or atypical angina
- Known coronary artery disease with symptoms suggestive of ischaemia
- PHx congenital heart surgery, possible ischaemia
- Abnormal resting ECG ?ischaemia
- Indeterminate lesion on CTCA or coronary angiography
- Potential non-coronary artery disease as assessed by a specialist
- Shortness of breath on exertion (SOBOE) of uncertain aetiology
- Pre-operative with poor exercise capacity and high cardiovascular risk
- Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
- Suspected silent myocardial ischaemia
  
- Other indications (*private fee not covered by Medicare*)

\*Refer to MBS online for indication details

**Preparation for Exercise Stress Echo**

You will be exercising for a short period on a treadmill, while your heart rhythm and blood pressure are being monitored. Ultrasound images of the heart will be taken before and after exercise to complete the stress echo. Please wear exercise clothes and sports shoes. Allow approximately 30-40 minutes for this test.

Avoid drinking and eating heavily for 2 hours prior to this test to prevent discomfort when exercising. Patients will need to cease beta blocker medication (e.g. metoprolol, atenolol, sotalol), calcium channel blockers (e.g. diltiazem, verapamil) and digoxin 48 hours prior to this test, unless otherwise directed by the referring doctor. Please visit our website for a full list of medications.

If you have any concerns regarding walking on the treadmill please raise this with our staff prior to your appointment, as this test might not be suitable for you.

**Echocardiography (echo)**

This test uses sound waves to obtain moving pictures of the inside of the heart as it beats. It is a non-invasive diagnostic procedure and it has no known risks or side effects. Allow 30 minutes for this test and no preparation is required.

This test requires you to be able to lie down on an examination bed. If you normally require assistance to sit, lie or roll from side to side please inform staff before booking this appointment.

**24 Hour Blood Pressure Monitor**

You will be wearing a small monitor and a blood pressure cuff around your arm for 24 hours. The monitor will record your blood pressure intermittently during this time. It is best to wear clothes with loosely fitted sleeves to accommodate the cuff. Please note while you are wearing the monitor you will NOT be able to shower. Allow 15 minutes for the initial visit and 5 minutes the following day for removing and return of the monitor.

**24 Hour ECG (Holter) Monitor**

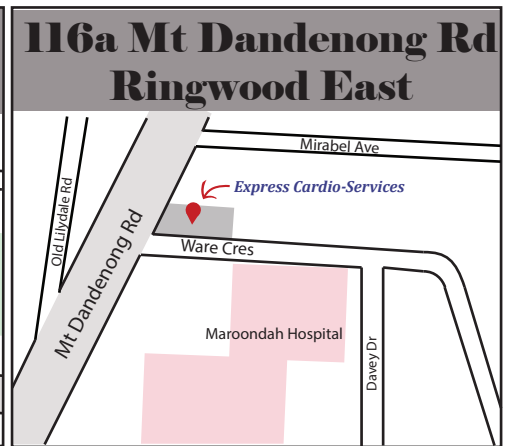
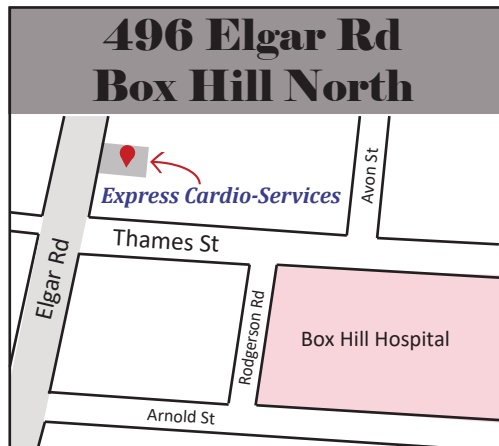
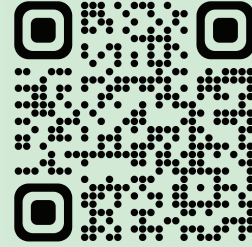
Holter monitor records your heart beat and rhythm for 24 hours. You will wear a small monitor with wires connected to electrodes attached to your chest. You can go about your daily activities as you would normally do. However you will NOT be able to shower, and it is best to avoid vigorous exercise. Allow 15 minutes for the initial visit and 5 minutes the following day for removing and return of the monitor.

**Booking Information**

**Booking telephone: 03 9898 3366**

**Scan QR code to fill in booking information**

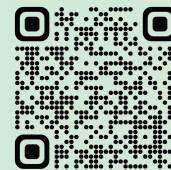
For bulk billing purposes please do not book any other ultrasound or heart related tests on the same day as your tests.



**REFERRAL FORMS REQUEST**

Scan the QR code to request for new referral forms, or simply fill out the following details and fax this sheet to (03) 9898 3377.

Digital referral templates for Best Practice and Medical Director can also be downloaded via this QR code.



Doctor's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Quantity (1 pack = 30 referral forms)

1 Pack     2 Packs     3 Packs     4 Packs

I would like to customise my referral pads with my contact details.

Comments: \_\_\_\_\_

Provider Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

