

Sunnybank Cardiopulmonary DIAGNOSTIC SERVICE		Ph: 3345 7189 Fax: 3345 8773	<u>For appointments please phone: 3345 7189</u>								
<u>Visiting Specialists</u> Dr Vagish Singh Dr Sean Mulhearn Prof David Colquhoun Dr Suhasini Singh Dr Sandhir Prasad			DATE: TIME: COST:								
GP referrals (Medicare rebate once every 2 years) ☐ Initial Echo 55126 ☐ Exercise Stress Test 11729 ☐ Exercise Stress Echo 55141 ☐ Myocardial Perfusion Scan ☐ 12-Lead ECG reported 11704/11714 ☐ 24-Hour ECG Monitor (Holter) 11716 ☐ 24-Hour Blood Pressure Monitor 11607 ☐ 7-Day Event Monitor 11723	Specialist referral only ☐ Serial Echo 55127 (Valvular Disease) ☐ Serial Echo 55129 (Structural Heart Disease) ☐ Repeat Stress Echo 55143 (Rebatable once every 12 months) ☐ Serial Echo 55133/55134 (Pericardial Disease / Cardiotoxicity / Rare cases)	PREPARATION FOR TEST: Exercise Test: Nothing to eat or drink for two hours prior to appointment. Wear comfortable clothing and shoes appropriate for walking. It is preferable for ladies to wear a loose-fitting top. Bring a list of your medications. Stress Echocardiography: As per instructions for exercise test. Holter monitor and 7 day event ECG recording: Please wear a loose-fitting top. Holter monitor only: No shower or bath while wearing the monitor. BP monitor: Sleeveless or loose short sleeve top. ECG: No preparation. Echocardiography: No preparation. Myocardial Perfusion Scan (Thallium): Refer to your instruction sheet.									
Patient Name		Birth Date									
Clinical Details											
<u>REFERRING DOCTORS DETAILS</u> <table border="0"> <tr> <td>Name</td> <td>Provider Number</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>			Name	Provider Number			Signature	Date			
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Suite 11, 2 nd Floor, Sunnybank Private Hospital Medical Complex 245 McCullough Street, Sunnybank, QLD 4109 Email: reception@sunnybankcardiopulmonary.com.au			PLEASE BRING THIS REFERRAL WITH YOU TO YOUR APPOINTMENT								