

Macquarie Heart

Chatswood

SPECIALIST CARDIOLOGISTS

Dear Doctor

Introducing

Date of appointment

CLINICAL NOTES

MEDICATIONS

REQUEST FOR

- | | | |
|--|---|--|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Holter/Loop monitoring | <input type="checkbox"/> Pre-op assessment |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Home BP monitoring | <input type="checkbox"/> Stress echocardiogram |
| <input type="checkbox"/> Electrocardiogram | <input type="checkbox"/> Pacemaker/ICD check | <input type="checkbox"/> Treadmill exercise test |

Signature:

Date:

INTERVENTIONAL CARDIOLOGY | RISK PROFILING | DEVICES | HEART FAILURE | ARRHYTHMIAS | PRE-OP ASSESSMENT

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