

# Cardiology request form

## Patient

Name

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DOB

Phone

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Address

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Suburb

Postcode

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## Cardiac testing

URGENT

Transthoracic echocardiogram

24-hour holter ECG monitor

Exercise stress echocardiogram

24-hour ambulatory BP monitor

Dobutamine stress echocardiogram

Device check (PPM or ICD)

ECG

Coronary artery calcium score (CAC)  
(co-reported with a radiologist)

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## Clinical details

## Referring doctor

Name

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Address

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Suburb

Postcode

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Signature

Date

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CC results to Dr

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**World-class cardiac care**

Please fax or email form to:  
 07 5414 1100  07 5414 1101  [admin@hearthq.com.au](mailto:admin@hearthq.com.au)

**Dr Mark A Johnson**  
Cardiologist &  
Cardiac Imaging  
Specialist

**Dr Peter J Larsen**  
Interventional  
Cardiologist &  
Structural Heart  
Specialist

**Dr KK Lim**  
Cardiologist &  
Electrophysiologist

**Dr Stuart J Butterly**  
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**Dr Naresh Dayananda**  
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**Dr Matthew Tung**  
Cardiologist &  
Electrophysiologist