

REQUEST FORM

PATIENT DETAILS **Ipswich Cardiac Centre** 33 Thorn Street Name: Ipswich, QLD 4305 Phone: (07) 3282 8333 Fax: (07) 3282 9444 DOB: www.ipswichcardiaccentre.com.au Phone: All appointments 07 3282 8333 TEST DETAILS **Consultant Cardiologists** ☐ Clinical Consultation Dr Cameron Booth ☐ 12 lead ECG Dr Bennett Franjic ☐ Echocardiogram Dr Paul Gould ☐ Exercise Stress Test Dr Danielle Harrop ☐ Exercise Stress Echo Dr Vath Indrajith ☐ Holter Monitor (24 hours) Dr Andrew McCann ☐ 7-Day Holter / Event Monitor Dr Johannes Moolman ☐ Blood Pressure Monitor (24 hours) Dr Yash Singbal ☐ Ankle Brachial Index Dr William Wang ☐ Other (additional options next page) CLINICAL DETAILS REFERRING DOCTOR

Name: _____ Date: ____

Signature: Provider Number:

Address:



All appointments 07 3282 8333

If your request is for Exercise Stress Test or Exercise Stress Echo

DO NOT smoke or eat 2 hours prior to your test and refrain from tea, coffee, coca cola on the day of your test. Please ensure that your referring doctor and the doctor performing the test are aware of your medications. Wear comfortable clothes and shoes you can walk and exercise in.

Ipswich Cardiac Centre 33 Thorn Street, Ipswich, QLD 4305

Phone: (07) 3282 8333 Fax: (07) 3282 9444

www.ipswichcardiaccentre.com.au



Corner of Thorn Street and South Street

Please contact us for other services including:

Coronary Angiography
Coronary Stenting & Angioplasty
Cardiac Catheterisation
Dobutamine Stress Echo (DSE)
Transoesophageal Echo (TOE)
Electrical Cardioversion
Cardiac Electrophysiology
Arrhythmia Ablation
Implantable Loop Recorders
Pacemakers & Defibrillators