

Brisbane Cardiology

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All Appointments 07 3392 4136

REFERRAL FORM

PATIENT DETAILS	
Name	
D.O.B	
Address	
	Phone
REQUEST	
☐ Clinical Consultation	
☐ Transthoracic Echo	Is this request urgent (within 24 hours)?
☐ 12-Lead ECG	□ Yes □ No
☐ Stress Echo	
□ Stress ECG	
☐ Holter Monitor	
	giography, Coronary Stenting & Angioplasty, Cardiac Catheterisation, esophageal Echo (TOE), Electrical Cardioversion.
CONSULTANT CARDIOLOGISTS	
☐ A/Prof Arnold Ng	
□ A/Prof William Wang	
CLINICAL INFORMATION	
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REFERRING DOCTOR	
Name	Provider No.
Address	
Signature	Phone Date

Our practice is open Monday – Friday and Saturday mornings by appointment.