



Patient Name: _____ DOB: ____/____/____
Patient Address: _____
Medicare Number: _____
Phone: _____ UR: _____

Diagnostic Cardiology Service Requested

Clinical Indications (for all diagnostic tests):

- ECG
- 24 hour Holter Monitor + ECG
- Pacemaker check
- Ambulatory Blood Pressure monitor
- Licence Renewal (Not covered by Medicare – patient to self-pay. Please tick TTE &/or SE below)

Transthoracic echo (TTE) and Stress echo (SE) indications must be ticked for MBS compliance. If patient does not meet Medicare eligibility, patient fees may apply.

- Transthoracic echo (TTE)
- Bubble Study Yes/No (Please circle)

Clinical Indications for a transthoracic echocardiogram:

GP & Specialist referral

- 55126** Baseline initial TTE not performed in 2 years requested by GP
- 55128** Repeat valvular dysfunction, requested by GP in MMM3-7 areas
- 55133** Repeated TTE pericardial effusion, pericarditis, cardiotoxic monitoring

Specialist only referral

- 55127** Repeat valvular dysfunction.
- 55129** Repeat heart failure/pulmonary HT/structural heart disease.
- 55132** Under 17 years or complex congenital heart disease.
- 55134** Repeat, other/rare cardiac pathologies.
- Definity TTE**

- Transoesophageal Echocardiogram (TOE) CARDIOLOGIST ONLY.**

*****PLEASE TURN OVER FOR FURTHER TESTS/INFORMATION*****



- Exercise stress ECG 11729
 - Stress Echocardiogram (SE) & Baseline TTE (required prior to SE & Dobutamine)
- Is patient able to ambulate unaided? YES NO

Clinical Indications for a stress echocardiogram:

- Chest pain/SOB at rest or with exercise relived with REST or GTN.
- Other cardiac disease exacerbated by exercise.
- First degree relatives with suspected heritable arrhythmias.
- Pre-operative examination for ischaemia.
- Examination for silent myocardial ischaemia/infarction.

GP & Specialist Referral:

- 55141** Able to exercise and SE study not performed in 2 years.
- 55145** Dobutamine SE study not performed in 2 years.
- 55146** Dobutamine SE following a failed exercise test within the previous 4 week period.

Specialist only referrals

- 55143** Repeat Dobutamine/Exercise stress echo with signs of ischaemia.

Stress Testing Medication Management.

Current medication (please provide a current list):

Please indicate if patient is prescribed Beta Blocker Ca++ Channel Blocker

*****Medication to be paused for test? (Cease 48 hours prior to test, please circle & list which ones) YES NO**

REFERRING DOCTOR

Name: _____ Provider Number: _____

Signature: _____

Date: ____/____/____



COPIES TO

Please send your request to:
Cardiology Bendigo Health
Level 1, Clinic c
100 Barnard Street, Bendigo 3550
P: 54548017 F: 54548020

