



DIAGNOSTIC TESTS REQUEST FORM

UR NO: MH NO:

SURNAME: GIVEN NAMES:

D.O.B: SEX:

ADMISSION DATE:

CONSULTANT: WARD/CLINIC:

USE LABEL IF AVAILABLE

Please ensure **ALL** parts of this form are completed prior to submitting. Referral forms missing data will be rejected. Fax completed form to (03) 5454 8020.

Prior to completing this form, please note:

- All **Stress Echocardiogram Referrals** must be completed using the Stress Echocardiogram referral form available on the Bendigo Health website.
- Bendigo Health **cannot** perform testing for patients under 16 years of age. ECG traces can be performed, however will not be analysed. Please consider an alternative provider for paediatric patients.

Please tick the test(s) requested:

- ECG over 16 years ECG under 16 years (trace only)
- 24-hour Holter Monitor + ECG
- Pacemaker check
- Ambulatory Blood Pressure monitor
- Exercise Stress ECG (must be able to exercise independently, please attach recent ECG)
- Transthoracic echo (TTE)
- Bubble Study

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

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

Please detail clinical indications, current signs and symptoms relevant to the test(s) requested

Large empty box for clinical details.

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EXTREF



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Please detail relevant past history, including current exercise ability:

Please list all medications your patient is currently taking:

Referring Doctor Details

Name:	Signature:	Date:
Provider No:	Phone:	Fax:

Copies to:

Further Information:

- Please fax your referral form immediately to (03) 5454 8020 to enable prompt triage and Medicare eligibility confirmation
- Please ensure ALL parts of this form are filled in, referral forms missing data will be rejected
- Bendigo Health Cardiology is experiencing a period of high demand, please allow up to 4 weeks for there to be an appointment booked
- Please call the Bendigo Health Switchboard on (03) 5454 6000 and ask to be put through to the Cardiology Registrar if you have any specific concerns about a patient or the timeframe for their test.