



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ UR: \_\_\_\_\_

# Diagnostic Cardiology Service Requested

## Clinical Indications (for all diagnostic tests):

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- ECG
- 24 / 48 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scan the QR code for access to cardiology patient information



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

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