



CARDIAC HEALTH INSTITUTE

REFERRAL: EXTERNAL INTERNAL

PATIENT'S NAME:

ADDRESS:

- CONSULTATION
- URGENT SAME DAY CONSULTATION
(MUST PHONE OUR CARDIOLOGIST FIRST)
- STRESS TEST
- ECHO
- STRESS ECHO
- CAROTID DOPPLER (EASTWOOD ONLY)
- 24HR HOLTER
- 24HR AMBULATORY BP

NUCLEAR IMAGING (EASTWOOD & HURSTVILLE)

- STRESS SESTAMIBI (EXERCISE OR PERSANTIN)
- GATED HEARTPOOL SCAN
- MYOCARDIAL VIABILITY SCAN
- CARDIAC SHUNT STUDY
- BONE SCAN
- THYROID SCAN

COMMENTS: _____

REFERRING DOCTOR'S NAME:

DATE:

SIGNATURE:

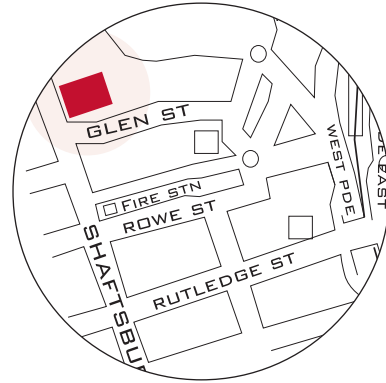
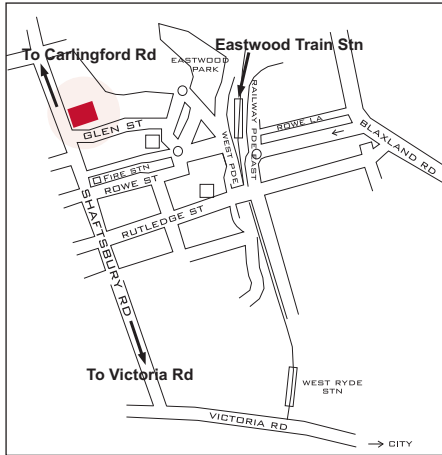
PROF. HOSEN KIAT
DR. ANIL AGGARWALA
DR. DAVID REES
A/PROF. JANE MCCROHON
DR. KIRAN SWARAJ
DR. PROBAL ROY
DR. IMRAN KASSAM

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 173 SHAFTSBURY ROAD
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 AUSTRALIA
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 FAX (+61 2) 9858 2811

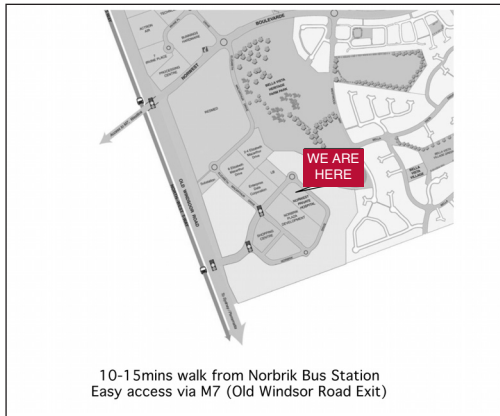
CHI NORWEST
 NORWEST PRIVATE HOSPITAL
 & MEDICAL CENTRE
 SUITE G4, 9 NORBRIK DRIVE
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 75 QUEENS ROAD
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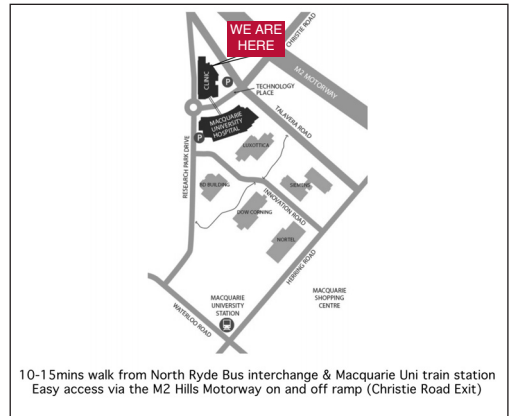
CHI MACQUARIE
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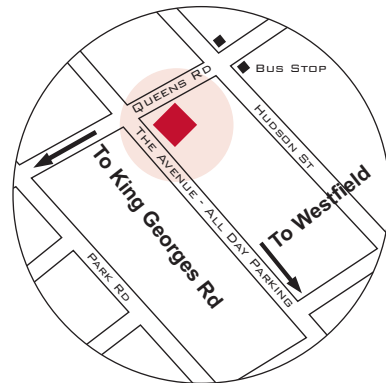
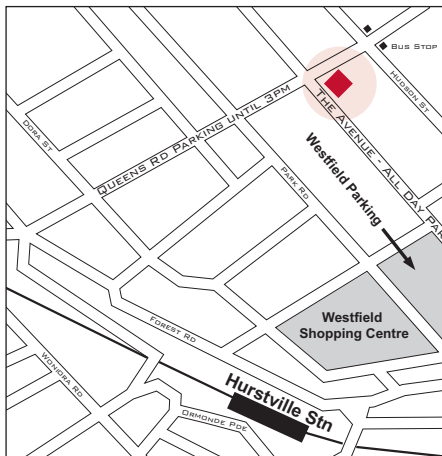
CHI EASTWOOD



CHI NORWEST



CHI MACQUARIE



CHI HURSTVILLE