

REFERRAL REQUEST FORM



Sydney Based Mobile Cardiac Ultrasound

The Peak of Cardiac Care, Delivered Wherever You Are

Patient's Details:

Full Name:

D.O.B:

Phone:

Gender:

☐ Male

☐ Female

Address:

Medicare No.:

Ref:

Expiry:

Services Requested:

☐ 11714: Electrocardiogram (ECG).

☐ 55126: Initial Echocardiogram (One every 2 years) - Can be requested by any medical practitioner including GP.

☐ 55127: Serial Echo for valvular dysfunction study - Specialist only.

☐ 55129: Serial Echo for known structural heart disease of Heart Failure - Specialist only.

☐ 55133: Serial Echo for monitoring of patients with isolated pericardial effusions/pericarditis or are on cardiotoxic medications (must comply with PBS guidelines) - Any medical practitioner including GP.

Clinical Notes/Reason for Test:

Address of Test:

REFERRING DOCTOR'S DETAILS:

Doctor's Name: _____ Address: _____

Provider Number: _____

Email: _____ Date: _____



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