

Referral to: **Dr. Garry A Helprin MB BS FRACP FCSANZ**
Consultant Cardiologist

Suite 12B, Ground Floor, Jacobs Court,
1-5 Jacobs Street (Cnr. Rickard Rd),
BANKSTOWN NSW 2200
PO Box 360, Bankstown NSW 1885

Heart Care Australia
Phone 9796 2266
Fax 9796 2823

Patient's Name: _____ D.O.B. _____

Referring Doctor: _____

Address or Provider No.: _____

Clinical Details: _____

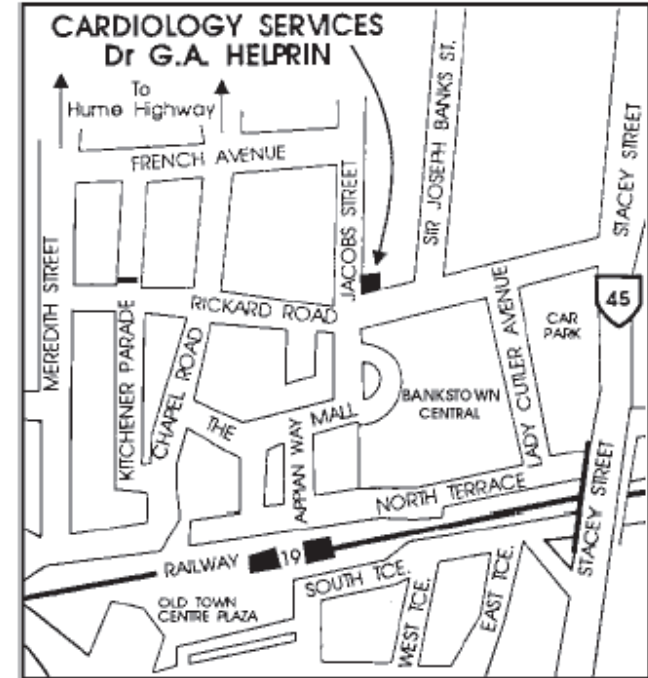
Medication: _____

- Consultant opinion and relevant investigations
Long term follow-up if clinically indicated (please cross out if not applicable)
- Echocardiography (Colour Doppler)
- Exercise Stress Testing
- Stress Echo
- Holter Monitor (with ST segment analysis, full disclosure and superimposition)
- Ambulatory Blood Pressure Recording (not covered by Medicare)
- 12 Lead ECG
- Cardiac Catheterisation
- Permanent Pacemaker - check or implant
- Other _____

Signed: _____ Date: _____

*Please fax report to _____

Your Doctor has recommended that you use Heart Care Australia. You may choose another provider but please discuss this with your doctor first. This only applies to Diagnostic Imaging, not other services such as Consultation, ECG, Holter, BP Monitor, Stress Test.



Patient Preparation

Stress test, Stress Echo - Shorts, towel and sandshoes (or equivalent) Fast 2 hours.

24 Hour Holter Monitor & B.P. Monitor

- Shower before appointment

Echo - Doppler - Shower before appointment

ECG - Shower before appointment

Consultation - New patients, please bring all medications, scans, x-rays and any reports. Shower before appointment.

Fees

Settlement of account or gap at time of service is appreciated.

(Medicare covers approximately 70%).

Mastercard / Visa / American Express accepted.

Pensioners & Registered unemployed - Medicare only.

Health Care Card Holder - 50% discount on gap.

Ring for appointment - 9796 2266

Date: _____ Time: _____

(please be 10 minutes early)