

Ashford
Level 2, 57 - 59 Anzac Highway
ASHFORD SA 5034
P 8297 6888 F 8297 0846

Calvary Adelaide
Level 2, 120 Angas Street
ADELAIDE SA 5000
P 8293 9350 F 8293 9351

Norwood
34-36 The Parade
NORWOOD SA 5067
P 8362 0822 F 8362 0820

Modbury
12 Smart Road
MODBURY SA 5092
P 8293 9310 F 8293 9312

Flinders
Level 6, Flinders Private Hospital
1 Flinders Drive
BEDFORD PARK SA 5042
P 8374 4559 F 8374 4558

Morphett Vale
221-223 Main South Road
MORPHETT VALE SA 5162
P 8293 9360 F 8382 8622

Findon
Suite 5, 205 Grange Road
FINDON SA 5023
P 8345 5511 F 8297 0846

Other (please specify)

Please attach latest pathology results

To Doctor (**BLOCK letters**) _____ [mandatory for consultation referral]

Patient Name (**BLOCK letters**) _____

Address _____

DOB _____ Phone _____

Medicare number _____ Male Female

Period of referral 3 months 12 months Indefinite

Clinical Details (Please include medications)

FOR THIS REFERRAL TO BE VALID THE FOLLOWING MUST BE COMPLETED:

Referring Doctor _____

Provider Number **OR** _____

Address _____

Signature _____ Date _____

- Consultation
- 12 lead ECG with report
- Ambulatory **BP** monitoring
- Holter/Event (ECG) monitoring
- Exercise (Treadmill) stress test
- Echocardiogram *
- Stress echocardiogram *
- Dobutamine stress echocardiogram *

*Your doctor has recommended you attend SA Heart for an echocardiogram. You may choose another provider but please discuss this with your doctor first.