



Name:

Date of Birth:

Address:

Telephone (H):

Mobile:

Medicare No.:

REQUEST FOR:

CLINICAL DETAILS:

REFERRING DOCTOR DETAILS:

RESULTS:

☐ Telephone Report (No.)

☐ Facsimile Report (No.)

☐ Email Report:

COPIES TO:

DOCTORS SIGNATURE:

DATE:

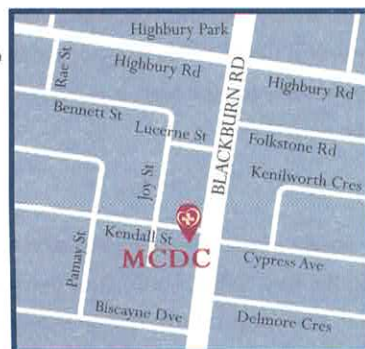
CONSULTATION

- ☐ Cardiologist
- ☐ Endocrinologist
- ☐ Diabetic Educator
- ☐ Dietitian

CARDIAC INVESTIGATION

- ☐ Transthoracic Echocardiography
- ☐ Exercise Stress Echocardiography
- ☐ Exercise Stress ECG
- ☐ 12 Lead ECG
- ☐ 24 Hour Holter Monitor
- ☐ Ambulatory BP Monitor
- ☐ CT Coronary Angiogram (requires consultation)

81 Blackburn Rd
MOUNT WAVERLEY VIC 3149



ALL APPOINTMENTS & CORRESPONDENCE

81 Blackburn Rd, MOUNT WAVERLEY VIC 3149

Tel: 9802 9250

Fax: 9803 4364

Email: admin@mcde.net.au

Website: www.mcde.net.au

OPENING HOURS:

Mon - Fri 8.30am-5.00pm | Alternate Mon till 8.00pm