

Referring to

☐

First available
Cardiologist

☐

Dr B. Gunalingam

MBBS(SYD) FRACP FCSANZ FSCAI(USA)
Interventional &
Structural Cardiologist

☐

Dr T. Renganathan

MBBS MRCP FRACP FCSANZ
Consultant Physician
and Cardiologist

☐

Dr S. Cheruvu

MBBS (Hons), BSc (Hons) FRACP
Consultant Physician
& Cardiologist

☐

Dr R. Hall

BAv, MSci, BMed. FRACP
General
Cardiologist

Patient Details

First Name _____

Surname _____

Phone _____

DOB _____

Clinical Details

Referring Doctor

Name _____

Clinic _____

Provider# _____ Phone _____

Date _____ Fax _____

Email _____

Investigations

Please tick all services required

☐

Consultation

Please attach referral letter with
patient health summary

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Ambulatory BP Monitor*

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Echocardiogram*

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Holter Monitor*

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**Stress Echocardiogram
& Consultation***

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ECG*

***These Investigations will be bulk billed to the extent
permitted by Medicare.**