

HOBART CARDIOLOGY



REQUEST FORM

Dr Michael Coombes and Associates
Suite 1, 25 Argyle St, Hobart, Tasmania, 7000
P: 03 6222 4200 | F: 03 6222 4222 | Healthlink ID: hcardiol

PATIENT'S NAME:

D.O.B:

Address:

Contact number:

CLINICAL DETAILS AND REASON FOR REQUEST:

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Consultation

Holter Monitor

ECG

Treadmill exercise test OR

24-hour Ambulatory BP Monitor

Treadmill exercise stress echo

Echocardiogram

Please note that stress echo is more specific and sensitive, and is especially preferable for females, who have a higher rate of false positives in ordinary exercise ECG tests. Patients must be able to walk on a treadmill when requesting this form of testing.

REQUESTING DOCTOR:

Address:

Signature: Date:

*Your Doctor has recommended that you use Hobart Cardiology for your Echocardiogram.
You may choose another provider but please discuss this with your doctor first.*