HOBART HEART CENTRE Request Form

Drs. GALLIGAN, KILPATRICK, ROBERTS-THOMSON, DWYER,
BLACK, MCINTYRE, LIPTON, RUSSELL, ADAMS, and LOVIBOND
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HOBART HEART CENTRE

Request for:

☐ Consultation

☐ Consultation, exercise test if appropriate (because of the inherent risk and difficulty in accurate interpretation we will not do exercise tests without consultation).

☐ ECG

☐ Echocardiogram ☐ Stress Echocardiogram

☐ Holter Monitoring

☐ Ambulatory Blood Pressure Monitoring
(There is a fee, as yet there is no Medicare rebate)

Patient's name: .....

Address: .....

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D.O.B: ..... Ph: .....

Referring Doctor: .....

Address: .....

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Date: .....

Clinical Details: .....

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.....Signature.....

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