"VICTORIAN

HEART AND LUNG CLINIC

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**All correspondence to:**

**Suite 17, 183 Wattletree Rd, Malvern VIC 3144**

Referral

**Cardiologists**

Dr Swati Mukherjee

**Patient Details**

Name: Address:

Dr Eliza Teo

Dr David Chieng Dr Homa Forotan Dr Ian Goh

Dr Kawa Haji

Dr Kyi Thar Han Win & Associates

Date of Birth: Ph: \_ Medicare No:

**Request** & **Clinical Details**

D **Transthoracic Echocardiogram (TTE) For imaging, one of the following**

**Locations:**

**Metro:**

D **Cabrini Hospital**

Suite 17, 183 Wattletree Rd, Malvern 3144

D **South Eastern Private Hospital Consulting Suites**

1303 Heatherton Rd, Cnr Beck Court, Noble Park 3174

**Gippsland:**

D **Wonthaggi**

188 Graham St, Wonthaggi 3995

D **Gippsland Southern Health Service (GSHS) Leongatha Hospital**

66 Koonwarra Rd, Leongatha 3953

D **Korumburra Hospital**

65 Bridge St, Korumburra 3950

**24hr Holter Monitor Locations:**

D **Cabrini Hospital**

Suite 17, 183 Wattletree Rd, Malvern 3144

D **South Eastern Private Hospital Consulting Suites**

1303 Heatherton Rd, Cnr Beck Court, Noble Park 3174

D **Wonthaggi**

188 Graham St, Wonthaggi 3995

D **Shalom Healthcare**

207 Sladen St, Cranbourne 3977

DInitial TTE, not performed within 2 years (55126)

D Repeat TTE, within 2 years (55127)

***(specialist consultation required)***

DRepeat valvular Dysfunction (55127 or 55128)

DRepeat heart failure or Structural Heart Disease

(55129)

DMonitoring of pericarditis or cardiotoxicity (55133)

D **Stress Echocardiogram**

DStress Echocardiogram, not performed within 2 years (55141)

DRepeat Stress Echocardiogram, within 2 years for suspected ischaemic heart disease or dyspnoea (55143) ***(specialist consultation required)***

D **24 hour Holter monitor** (fee applies) D **7 day Holter monitor** (fee applies) D **Heart Bug** (fee applies)

D **24 hour Blood Pressure Monitor**

rebatable once in a 12 month period

D **CT Coronary Angiography (CTCA)**

in collaboration with GSHS (fee applies)

D **Review with Cardiologist** (fee applies)

**Clinical Notes:**

**Requesting Doctor**

**indications must be ticked:**

D Any cardiac murmur

D A specialist opinion that an ESE would help aid with diagnosis

D ECG changes

D Family history of heart disease

D Symptoms on exertion

D Symptoms at rest

D Shortness of breath (SOB)

D Chest/neck/shoulder/arm pain suggestive of ischaemia (either exertional or relieved with GTN)

D **lnverloch Health Care**

18 Reilly Street, lnverloch, 3996

Doctor Name: Provider Number: Contact Details: Copy To: Doctor's Signature: Date: / /