



**Patient Details**

Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>	Phone/Mobile:	<input type="text"/>
Suburb:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female
Postcode:	<input type="text"/>	Medicare No.:	<input type="text"/>
Request For		Patient No:	<input type="text"/>
<input type="text"/>		Expiry Date:	<input type="text"/>

**Clinical Details**

**Referring Doctor's Details**

**Copies To**

Provider No.:

Doctor's Signature:

Report(s) to be:

☐ Posted ☐ Faxed ☐ Emailed

Details:

Date:

☐ Hypertension ☐ SOBOE ☐ Diabetes ☐ Dyslipidaemia ☐ Palpitations ☐ Chest Pain ☐ Family Hx

**Services Requested**

- |  |   |
|--|---|
| <input type="radio"/> Echocardiogram (Richmond and Nth.Melbourne)      | <input type="radio"/> Consultation (Richmond and Moonee Ponds)  |
| <input type="radio"/> 24hr Holter Monitor (Richmond and Nth.Melbourne) | <input type="radio"/> Stress Echocardiogram (Moonee Ponds Only) |

\*\*\*PLEASE TICK INDICATIONS OVERLEAF FOR TEST TO COMPLY WITH MEDICATE REQUIREMENTS

**Locations**

- |   |   |  |
|---|---|--|
| <input type="radio"/> <b>RICHMOND</b><br>Epworth Consulting Suites<br>Level 6 Suite 6.4<br>89 Bridge Rd<br>Richmond VIC 3121<br><b>P</b> 1800 880 770 | <input type="radio"/> <b>MOONEE PONDS</b><br>54 Maribyrnong Rd,<br>Moonee Ponds VIC 3039<br><b>P</b> 1800 880 770 | <input type="radio"/> <b>NORTH MELBOURNE</b><br>Suite 3 Level 1<br>33 Flemington Rd<br>North Melbourne VIC 3051<br><b>P</b> 1800 880 770 |
|---|---|--|

Melbourne Cardiology Services is your referring doctor's provider of choice.  
If you are considering using another service, please discuss with your doctor first.



**Our Tests Are Bulk Billed when indications comply with Medicare requirements.**

Our tests are conducted by fully qualified health professionals with an emphasis on excellence, integrity, quality and care.

All tests are reported in a timely manner and results sent to the referring doctor. They will be contacted if urgent evaluation is required.

**Medicare approved indications for Stress ECHOCARDIOGRAM**

If you have requested a Stress ECHO, you **MUST** tick the appropriate indication below, otherwise patients will **NOT** be eligible for Bulk Billing.

Screening, monitoring with no symptom evolution or asymptomatic patients with normal cardiac examination are **NOT** Medicare acceptable indications.

Stress ECHO can generally only be claimed once in a 2 year period. Within this time frame, the patient needs to be referred to a Cardiologist to be assessed if a repeat test can be conducted or may be required to pay.

**STRESS ECHOCARDIOGRAM**

**A - One or more symptoms of typical or atypical angina, or**

- ☐ A1 Constricting discomfort in the chest, neck, shoulders, jaw or arms
- ☐ A2 Symptoms as described above are exertional
- ☐ A3 Symptoms as described above are relieved by rest or GTN

**B - Known coronary artery disease with one or more symptoms suggestive of ischaemia, or**

- ☐ B1 Not adequately controlled with medical therapy
- ☐ B2 Have evolved since the last functional study

**C - One or more of the following indications**

- ☐ C1 PHx. congenital heart surgery, ? Reversal ischaemia
- ☐ C2 Resting ECG consistent with CAD or ischaemia in patients without known CAD
- ☐ C3 CAD lesions identified on CTCA or angiogram of uncertain functional significance
- ☐ C4 Exertional dyspnoea, ? Cause
- ☐ C5 Pre-operative with poor exercise capacity **AND** PHx. IHD, heart failure, CVA/TIA, DM on insulin or serum Cr>170
- ☐ C6 Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
- ☐ C7 ? Silent myocardial ischaemia or when not possible to assess symptom frequency based on medical history

**Medicare approved indications for TRANSTHORACIC ECHOCARDIOGRAM**

Please be aware that new service rules apply to all standard echocardiography item numbers. A standard echo can only be claimed once in a 24 month period except for specific exemptions documented by Medicare which can **ONLY** be requested by Cardiologists or Physicians.

**Echocardiogram**

**(Richmond and North Melbourne Only)**

This test is an ultrasound of the heart. It obtains moving images of the heart as it beats to evaluate your heart's structure, valves, pressures, and function.

- Allow up to 1 hour for the appointment
- Wear a loose-fitting top, as this must be removed during the procedure
- No other preparation is necessary

**Stress Echocardiogram**

**(Moonee Ponds Only)**

You will be exercising for a short period on a treadmill while your heart rhythm and blood pressure are monitored. Ultrasound images of the heart will be taken before and after exercise. You may be asked to stop taking beta-blockers 48 hours prior to exercise, unless otherwise directed by your referring doctor.

- Allow up to 1 hour for the appointment
- Wear comfortable loose clothing and sports shoes or flat-soled walking shoes

**Holter Monitor**

**(Richmond and North Melbourne)**

This is a recording device that records your heart rate and rhythm over a 24 hour period. You are encouraged to perform all your regular daily activities, as this enables us to more accurately assess you for arrhythmia, heart conduction block, heart rate control, and the adequacy of your medication.

- Allow up to 15 minutes for the appointment
- You will need to wear the device under your clothing for the entire monitoring period
- Please return the next day or as arranged for prompt reporting

**Submit via Email**