



# HEART MATTERS

AT

## BANGALOW CONSULTING CENTRE



**PATIENT INFORMATION:**

First Name: ..... Surname: ..... DOB: .....

Address: .....

Phone - Home:..... Mobile: .....

Investigations required:

- Stress Echocardiogram
- Exercise Stress Test
- Diagnostic Echocardiogram
- Paediatric Echocardiogram
- 24-48 Hour Holter Monitor
- 24 Hour Ambulatory Blood Pressure Monitor
- Medtronic Pacemaker Check
- Pre-op Cardiovascular Assessment (ECG/ECHO/+/- Stress ECHO)

Clinical Details:

.....  
 .....  
 .....

Referring Doctor: ..... Date: .....

Provider number: .....

Stamp:

CC: .....

Signature: .....

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