ZENITH CARDIOLOGY

PATIENT DETAILS

Name: _____

DOB: _____ Phone: _____

Address: _____ Email: _____

Medicare: _____

GP & SPECIALIST REFERRAL

- Specialist Consult (Bulk Billed)
- Echocardiogram (Bulk Billed)
- Exercise Stress Echocardiogram Focused (Bulk Billed)
- Comprehensive Exercise Stress Echocardiogram (Full echo + Stress echo) (Bulk Billed)
- 24 Hour - 14 Day Holter Monitor (Private)
- 24 Hour Ambulatory Blood Pressure Monitor (Private)
- 12- Lead ECG (Bulk Billed)
- Bubble Study (Private)

CLINICAL NOTES/ INDICATIONS

REFERRING DOCTOR DETAILS/ STAMP

DATE:

Referrals accepted by Medical Objects, Email, Fax and Phone.

Email: admin@zenithcardiology.com Fax: (07) 2142 5996 Phone: (07) 5531 5523

Ground Floor 105 Upton Street, Bundall, 4217

ZENITH
CARDIOLOGY