



Suite 1, Westmead Private Hospital,
 Westmead NSW 2145
 Telephone: 9687 0866
 Fax: 9687 0422
 Email: office@westmeadprivatecardiology.com.au

REFERRAL REQUEST FORM

Patient's surname First Name.....

Patient address.....

DOB:..... Contact Phone Number.....

CARDIOLOGIST

Dr David TANOUS
 MBBS PhD FRACP

Dr Michael SKINNER
 MBBS PhD FRACP

Prof James CHONG
 MBBS PhD FRACP

Dr Preeti CHOUDHARY
 BSc (Med) MBBS (Hons 1) PhD FRACP

Dr Kasun DE SILVA
 BMed MD BSc (Med) (Hons 1)FRACP

Prof Liza THOMAS
 MD FRACP PhD

Dr Mikhail ALTMAN
 MD FRACP DDU PhD

Dr Pierre QIAN
 MBBS PhD FRACP

Dr Sul Ki (Sally) KIM
 BSc (Adv) MBBS FRACP

Dr Dinesh Selvakumar
 MBBS PhD FRACP

Referral service requested:

Clinical details:

- Consultation
- Electrocardiogram and report
- Transthoracic Echocardiogram (once in 24 months)
- Exercise stress test (once in 24 months)
- Stress echocardiogram (once in 24 months, earlier if new symptoms)
- Holter monitor
- HeartBug monitor
- 24 hour Blood Pressure monitor
- Other, please specify

Referring doctor details:..... Provider No:.....

Contact No:..... Date:.....

Signature:.....