

## **St Vincent's Heart Centre**

Building C, Healy Wing, 2nd Floor (C25), 41 Victoria Parade Fitzroy 3065 **Bookings Ph** 9231 3000 **Fax** 9231 3333

www.stvheartcentre.com.au Email: heartcentre@svhm.org.au



PATIENT DETAILS		APPOINTMENT
Address	Postcode	Date Time  Please bring this referral to your appointment
DOB	Ph	PROCEDURE
CLINICAL NOTES		a. Exercise stress test
		b. Echocardiogram
		c. Exercise stress echo
		d. Dobutamine stress echo
REFERRING DOCTOR		e. ECG with report or trace only
Name		f. Ambulatory blood pressure monitor
	Provider Number	g. Holter monitor (24 or 48 hour)
Signature	Date	h. 7 day event monitor + ECG
СОРҮ ТО		i. Pacemaker / ICD check
		j. Cardiology consultation
Your doctor has recommended you use St	t Vincent's Heart Centre. You may choose another	k. Other







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OPEN: Mon.-Fri. 8.30 a.m. to 5.00 p.m.

Any detailed preparation instructions will be provided at the time of booking.





