

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Phone: \_\_\_\_\_

CLINICAL NOTES / MEDICATIONS: \_\_\_\_\_

**SERVICE REQUESTED**

- ECG
- 24 hour Holter Monitor *(limited to once in a 4 week period)*
- Tilt table test (Fees apply)
- Ambulatory Blood Pressure monitor (Fees apply)
- 6 minute walk test
- Pacemaker check and consultation

**Transthoracic echo (TTE) *Tick indications for TTE Limited to once in a 2 year period (GP)***

- Signs and symptoms of cardiac failure
- Suspected or known ventricular hypertrophy or dysfunction
- Pulmonary hypertension
- Valvular, aortic, pericardial, thrombotic or embolic disease
- Heart tumour
- Signs and symptoms of congenital heart disease
- Other rare indications

**Stress echocardiogram and baseline TTE *Tick indications for SE Limited to once in a 2 year period (GP)***

**Symptoms of typical or atypical angina**

- Constricting discomfort in the chest, neck, shoulder, jaw or arms..
- Exertional symptoms.
- Symptoms are relieved by rest or GTN.

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

- Not controlled with medical therapy
- Have evolved since the last functional study.

**Other indications.**

- PHx congenital heart surgery ?ischaemia.
- Abnormal resting ECG ?ischaemia.
- Intermediate lesion on CTCA or invasive Coronary Angiography, includes high coronary calcium score.
- Undue SOB on exertion SOBOE ?Cause.
- Pre-operative with poor exercise capacity and PHx of IHD, CVA, DM on insulin, or serum Cr > 170.
- Assessment of valvular disease or ischaemic threshold during exercise prior to intervention.
- ?Silent ischaemia or patients with impaired cognition or expressive language skills.

Transthoracic echo (TTE) and Stress echo (SE) indications must be ticked. If a repeat TTE or SE is performed within a 2 year period, and does not meet Medicare eligibility, Medicare rebates will not apply.

Transoesophageal echo

**REFERRING DOCTOR DETAILS**

Name \_\_\_\_\_ Provider No \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Copies to \_\_\_\_\_

**REFERRING DOCTOR**

Please send referral to CVC immediately to enable Medicare Eligibility verification.

Patients may incur fees if repeat investigations are requested and performed within Medicare restricted time frames.

For Workplace licencing and CASA medicals -Fees apply

Indications for TTE and SE must be ticked.

Generally TTE and SE can only be claimed once in a 2 year period, unless referred by Specialist.

Repeat tests within this time frame may result in non rebateable patient fees.

**PATIENT INFORMATION**

Please bring to your appointment

- Medicare card,
- Referral,
- List of medications.

Please note – fees will be payable on the day without a valid referral.

Any outstanding or additional investigation fees are also to be paid at the time of the procedure.

Scan QR code for information regarding your procedure.



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