



Dr Prathap Hegde (Interventional Cardiologist)

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Hours: 9:00am - 5:30pm (Monday - Friday)

REFERRAL FORM

AFFIX PATIENT LABEL HERE OR:

Patient name: _____

DOB: _____ Phone: _____

Medicare No: _____

- Consultation
 Urgent Consultation
(Please attach Health Summary)

INVESTIGATIONS REQUESTED

- 12 Lead ECG
 24 hours Holter Monitor
 48 hours Holter Monitor
 Echocardiography – Transthoracic Echocardiogram – TTE
 Stress Echocardiography
 Stress ECG
 Pacemaker/ ICD Check

CLINICAL NOTES

Referring Doctor Details (Including Provider No)

Signed: _____ Copies to: _____

Date: _____