



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ UR: \_\_\_\_\_

# Diagnostic Cardiology Service Requested

## Clinical Indications (for all diagnostic tests):

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- ECG
- 24 / 48 hour Holter Monitor + ECG
- Pacemaker check
- Ambulatory Blood Pressure monitor
- Licence Renewal (Not covered by Medicare – patient to self-pay. Please tick TTE &/or SE below)

Transthoracic echo (TTE) and Stress echo (SE) indications must be ticked for MBS compliance. If patient does not meet Medicare eligibility, patient fees may apply.

**Transthoracic echo (TTE)**       **Bubble Study Yes/No (Please circle)**

**Clinical Indications for a transthoracic echocardiogram:**

**GP & Specialist referral**

- 55126** Baseline initial TTE not performed in 2 years requested by GP
- 55128** Repeat valvular dysfunction, requested by GP in MMM3-7 areas
- 55133** Repeated TTE pericardial effusion, pericarditis, cardiotoxic monitoring

**Specialist only referral**

- 55127** Repeat valvular dysfunction.
- 55129** Repeat heart failure/pulmonary HT/structural heart disease.
- 55132** Under 17 years or complex congenital heart disease.
- 55134** Repeat, other/rare cardiac pathologies.

**Transoesophageal Echocardiogram (TOE) CARDIOLOGIST ONLY.**

**\*\*\*PLEASE TURN OVER FOR FURTHER TESTS/INFORMATION\*\*\***

- Exercise stress ECG 11729
  - Stress Echocardiogram (SE) & Baseline TTE (required prior to SE & Dobutamine)
- Is patient able to ambulate unaided?     YES     NO

**Clinical Indications for a stress echocardiogram:**

- Chest pain/SOB at rest or with exercise relived with REST or GTN.
- Other cardiac disease exacerbated by exercise.
- First degree relatives with suspected heritable arrhythmias.
- Pre-operative examination for ischaemia.
- Examination for silent myocardial ischaemia/infarction.

**GP & Specialist Referral:**

- 55141** Able to exercise and SE study not performed in 2 years.
- 55145** Dobutamine SE study not performed in 2 years.
- 55146** Dobutamine SE following a failed exercise test within the previous 4 week period.

**Specialist only referrals**

- 55143** Repeat Dobutamine/Exercise stress echo with signs of ischaemia.

**Stress Testing Medication Management.**

**Current medication (please provide a current list):**

Please indicate if patient is prescribed     Beta Blocker     Ca++ Channel Blocker

Medication to be paused for test? (Cease 48 hours prior to test, please circle)    YES    NO

**REFERRING DOCTOR**

Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scan the QR code for access to cardiology patient information



**COPIES TO**

Please send your request to:  
**Cardiology Bendigo Health**  
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