

Cardiology Specialist Referral

FOR SPECIALIST USE ONLY

PATIENT NAME		DATE OF BIRTH
ADDRESS		
GENDER M/F/NB	CONTACT NUMBER	MEDICARE NO
SERVICES REQUESTED		CLINICAL DETAILS
REFERRING DOCTOR DETAILS		
DOCTOR SIGNATURE	DATE (mandatory)	RESULTS <input type="checkbox"/> Fax Report <input type="checkbox"/> Health Link Electronic Report
COPIES TO		

You **MUST** select the relevant criteria for MBS eligibility below. The allowable number of MBS claims within a specific timeframe differs depending on the procedure, and it is possible for your patient to incur charges in certain situations.

Consultations	Specialty
<input type="checkbox"/> A. General <input type="checkbox"/> C. CTCA Evaluation Consult	<input type="checkbox"/> B. Arrhythmia Clinic (AF) <input type="checkbox"/> D. Lipid Disorder Clinic Please provide full medical history including test results for the consultation.

Diagnostic Tests	SELECT MBS CRITERIA OF REQUESTED TEST (REQUIRED FOR BULK BILLING)
<input type="checkbox"/> E. Echocardiogram (TTE) Initial suspected heart condition (55126)	<input type="checkbox"/> 1. Symptoms or signs of heart failure <input type="checkbox"/> 2. Ventricular hypertrophy or dysfunction <input type="checkbox"/> 3. Pulmonary hypertension <input type="checkbox"/> 4. Valvular disease <input type="checkbox"/> 5. Pericardial disease <input type="checkbox"/> 6. Aortic disease <input type="checkbox"/> 7. Congenital heart disease <input type="checkbox"/> 8. Cardiac tumour or thrombus <input type="checkbox"/> 9. Cardiac source of embolus
<input type="checkbox"/> F. Echocardiogram (TTE) Repeat (55133)	<input type="checkbox"/> 10. Isolated pericardial effusion <input type="checkbox"/> 11. Pericarditis <input type="checkbox"/> 12. Cardiotoxic medication
<input type="checkbox"/> G. Repeat - Echocardiogram (55134)	<input type="checkbox"/> 13. Rare Real Time Echocardiogram
<input type="checkbox"/> H. Serial Echo - (55127)	<input type="checkbox"/> 14. Suspected Valvular Dysfunction
<input type="checkbox"/> I. Serial Repeat - (55129)	<input type="checkbox"/> 15. Structural / Heart failure
<input type="checkbox"/> J. Serial Echo - (55132)	<input type="checkbox"/> 16. Congenital or Under 17
<input type="checkbox"/> K. Treadmill Stress Echocardiogram (TSE) Focused study (55141)	<input type="checkbox"/> 17. New typical or atypical angina <input type="checkbox"/> 18. Exertional symptoms e.g. shortness of breath, dizziness <input type="checkbox"/> 19. Ischaemic ECG changes <input type="checkbox"/> 20. Indeterminate lesion on CTCA <input type="checkbox"/> 21. Pre-op with poor exercise capacity & PHx of IHD, CVA, DM <input type="checkbox"/> 22. Assessment of valvular disease <input type="checkbox"/> 23. Suspected silent ischaemia
<input type="checkbox"/> L. Repeat Exercise Treadmill Stress Echo (55143)	
<input type="checkbox"/> M. Dobutamine Stress Echo (DSE) (55143, 55145, 55146) (privately billed)	
<input type="checkbox"/> N. 24 Hour ECG Holter Monitor (11716)	<input type="checkbox"/> 24. Syncope or pre-syncope episodes <input type="checkbox"/> 25. Palpitations or asymptomatic arrhythmia <input type="checkbox"/> 26. Surveillance of post cardiac procedures known to cause arrhythmia
<input type="checkbox"/> O. Event ECG Holter Monitor 7/14 Days	
<input type="checkbox"/> P. 24 Hour BP Monitor (privately billed)	
<input type="checkbox"/> Q. ECG Tracing & Formal Report (11704) (privately billed)	
<input type="checkbox"/> R. HeartBug (privately billed)	

Patient information

Bookings call: (03) 9560 7558 or 1800 202 111
Fax: (03) 8669 4575 (or scan the QR code opposite)

Please bring your referral form, Medicare card / DVA card / Concession card and medications list with you.



Please scan the QR code to request an appointment & upload your referral. We will contact you to arrange a suitable date for your appointment.

www.heartscope.com.au/bookings

- Dr Ali Al-Fiadh**
MBChB, PhD (Uni.Melb),
FRACP, FESC, FCSANZ,
- Dr Dimuth De Silva**
MBBS, FRACP, FCSANZ
- Dr Rafi Huq**
MBBS (Monash),
FRACP, FCSANZ
- Dr John Voukelatos**
MBBS, FRACP
- A/Prof Sandeep Prabhu**
MBBS (Hons), LLB (Hons),
FRACP, PhD
- Dr Ai Vee Ng**
MBBS, FRACP
- Dr Kon Profitis**
MBBS, FRACP
- Dr Arunavo Chatterji**
MBBS, MD, DNB, FRCP,
FRACP
- Dr Madhu Gopalakrishnan**
MBBS, MD, DM, MBA,
FACP, FRACP
- A/Prof Philip Hayward**
BM BCh, MRCP, FRCS(CTh),
FRACS
- Dr Ravi Iyer**
MBBS, FRACP
- Dr Shirin Sarejloo**
MD, FRACP

Your doctor has recommended that you use Heartscope. You may choose another provider, but please discuss this with your doctor first.

HEARTSCOPE CLINIC LOCATIONS			Cardiologist Consultation	Stress Echocardiogram	Dobutamine Stress Echo	Echocardiogram	24 hour ECG Holter Monitor	24 hour BP Monitor	ECG	ECG Event Monitor	HeartBug	Pacemaker Clinic
SOUTH EAST												
Wheelers Hill	Heartscope Wheelers Hill	G1, 202 Jells Rd, Wheelers Hill 3150	●	●	●	●	●	●	●	●	●	●
Dandenong	Heartscope Dandenong	40 Stud Rd, Dandenong 3175	●	●		●	●	●	●	●		
Pakenham	Heartscope Pakenham	2 McGregor Rd, Pakenham 3810	●	●		●	●	●	●	●		
Frankston	Heartscope Frankston	194-196 Karingal Dr, Frankston VIC 3199				●	●	●	●	●		
EAST												
Burwood	Burwood Specialist Centre	367 Warrigal Rd, Burwood 3125	●	●		●						
Mooroolbark	Heartscope Mooroolbark	Unit 1, 96 Manchester Rd, Mooroolbark 3138	●	●		●	●	●	●	●		
NORTH EAST												
Bulleen	Heartscope Bulleen	Suite 4, 79 Manningham Road, Bulleen 3105	●									
NORTH												
Lalor	Heartscope Lalor	6 Messmate Street, Lalor VIC 3075	●	●	●	●	●	●	●	●	●	
Coolaroo	Heartscope Coolaroo	L1, Unit 103, 1510 Pascoe Vale Rd, Coolaroo 3048	●	●		●	●	●	●			
WEST												
St Albans	Heartscope St Albans	192 Furlong Road, St Albans 3021	●	●		●	●	●	●	●		
Werribee	Heartscope Werribee	245 Heaths Rd, Werribee 3030	●	●		●	●	●	●	●		
INNER CITY												
Melbourne	Heartscope Melbourne	Suite 10, Level 2. 517 St Kilda Road	●	●		●	●	●	●	●		
Moonee Ponds	Moonee Ponds Specialist Centre	827 Mt Alexander Rd, Moonee Ponds 3039		●		●						



How to prepare
Scan the QR code for information on preparing for your medical procedure.

www.heartscope.com.au/prep