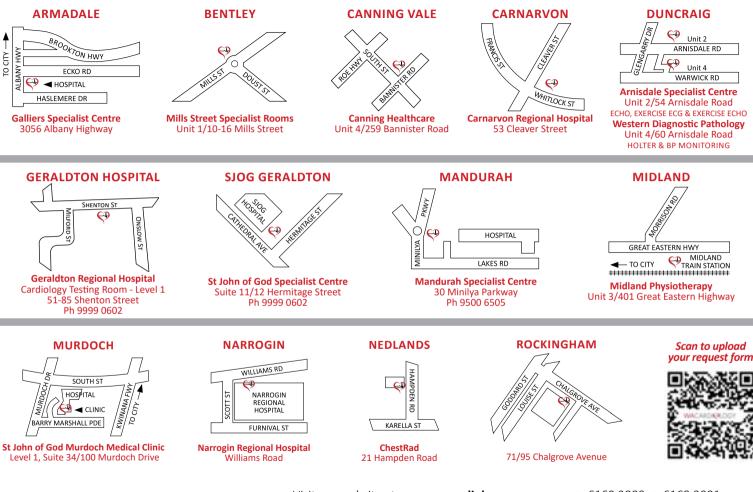
## WACARDI COGY

**E** bookings@wacardiology.com.au

PATIENT DETAILS	CARDIOLOGY INVESTIGATIONS (with Cardiologist report)
FIRST NAME SURNAME DOB PHONE ADDRESS	<ul> <li>EXERCISE ECG</li> <li>EXERCISE ECHO &amp; ECHO/DOPPLER</li> <li>DOBUTAMINE ECHO &amp; ECHO/DOPPLER</li> <li>ECHO/DOPPLER</li> <li>ECHO/DOPPLER</li> <li>24HR HOLTER MONITOR</li> <li>3 DAY HOLTER MONITOR</li> <li>1 MONTH ECG EVENT RECORDER</li> <li>24HR BP MONITOR</li> <li>0 ADAY HOLTER</li> </ul>
MEDICARE No.	9 ECG WITH REPORT 10 CTCA WITH CALCIUM SCORE
PENSIONER VETERAN	11 CALCIUM SCORE ONLY
CLINICAL DETAILS	VASCULAR INVESTIGATIONS (with Vascular Surgeon report) – MURDOCH ONLY
	14       CAROTID ULTRASOUND         15       AAA ULTRASOUND         16       LOWER LIMB ARTERIAL ULTRASOUND         17       LOWER LIMB VENOUS (VARICOSE VEIN) ULTRASOUND       L         18       LOWER LIMB DVT ULTRASOUND       L       R         19       RENAL DOPPLER ULTRASOUND       OVARIAN VEINS ULTRASOUND       VARIAN VEINS ULTRASOUND
	REQUESTING DOCTOR
COPY TO URGENT RESULT	NAME ADDRESS PROVIDER No. PHONE FAX
Your doctor has recommended that you use WA Cardiology for your test. Should you wish to use another provider, please discuss this with your doctor first.	SIGNATURE DATE

## LOCATIONS



**WACARDI** COGY

Visit our website at www.wacardiology.com.au

for information about your test

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