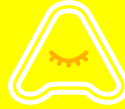




**ASHFORD**  
CARDIAC CLINIC



**ASHFORD**  
SLEEP CLINIC

## REFERRAL FOR CARDIAC AND SLEEP SERVICES

TO DOCTOR
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PATIENT NAME	DOB		
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ADDRESS	TELEPHONE
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PERIOD OF REFERRAL (MONTHS)	<input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> INDEFINITE	MEDICARE NUMBER
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REASON FOR REFERRAL
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<input type="radio"/> 1. CARDIOLOGY CONSULTATION <input type="radio"/> 2. POTS CONSULTATION & ASSESSMENT <input type="radio"/> 3. ECHOCARDIOGRAPHY <input type="radio"/> 4. BLOOD PRESSURE MONITORING <input type="radio"/> 5. HOLTER MONITOR (24HR ECG) <input type="radio"/> 6. 12 LEAD ECG WITH REPORT	<input type="radio"/> 7. REPORT ON ECG <input type="radio"/> 8. EXERCISE STRESS ECHOCARDIOGRAM <input type="radio"/> 9. DOBUTAMINE STRESS ECHOCARDIOGRAM <input type="radio"/> 10. <b>HOME SLEEP STUDY AND CONSULTATION</b> <small>(Sleep Physician will complete sleep test screening questionnaires)</small> <input type="radio"/> 11. SLEEP PHYSICIAN CONSULTATION
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REPORT TO BY SENT BY  HealthLink; EDI ashcardi  MAIL OR  FAX TO:

REFERRING DOCTOR
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PROVIDER NUMBER	TELEPHONE	FACSIMILE
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ADDRESS
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SIGNATURE	DATE		
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Associate Professor Sam Lehman | Dr Sanaz Lehman | Dr Brendan Dougherty  
 Dr Andrew Markwick | Dr Fahd Chahadi | Dr Varun Malik | Dr Andrew Russell

50 Marlestone Ave, Ashford SA T | 08 8371 2111 F | 08 8371 2822 ashfordcardiac.com.au  
 1<sup>st</sup> Floor, 57 Wellington Rd, Mt Barker SA T | 08 8371 2155 F | 08 8371 2122 admin@ashfordcardiac.com.au

This form may be used for the provider of your choice HealthLink; EDI ashcardi