CARDIAC REFERRAL

- ☐ **Busselton Health Campus**, P: (08) 9751 6800
- ☐ **O'Connor**, P: (08) 6374 5300
- ☐ **Peel Health Campus**, P: (08) 9584 6700
- ☐ **South West Health Campus**, P: (08) 9726 6999

Bookings: 1300 209 975 | **E:** bookings@apexrad.com.au

Patient Details

Name: .....

Address: .....

.....

DOB: ..... / ..... / ..... Contact no: .....

Medicare: ..... Exp Date: ..... / .....

Please Tick:
- ☐ Vet Affairs
- ☐ Worker's Compensation
- ☐ HCC / Pension
- ☐ MVIT
- ☐ Medicare

Examination

CT
Coronary
- ☐ Angiogram (rebateable if specialist referred) for:
  - ☐ stable ischaemia/low-med risk
  - ☐ exclusion anomaly or fistula
  - ☐ pre-op non-coronary cardiac surgery
- ☐ Coronary Angiogram (non rebateable)
- ☐ Calcium Score (only)
- ☐ PV Ablation Assessment

CT
Angiogram
- ☐ CTPA
- ☐ Carotid
- ☐ Aorta
- ☐ Renal
- ☐ TAVI (Transcatheter Aortic Valve Implantation)

CT
Chest
- ☐ HRCT (non-contrast)
- ☐ Contrast CT
- ☐ Paranasal sinuses

ULTRASOUND
- ☐ Carotid Duplex
- ☐ DVT

NUCLEAR MEDICINE (NOT AVAILABLE IN O'CONNOR)
- ☐ V/Q Scan
- ☐ Bone Scan
- ☐ Myocardial Perfusion Study ☐ Pharmacological ☐ Exercise
- ☐ Other: .....

Clinical Details

☐ Allergies

Provider No: ..... Date: .....

Copies of reports to: 1..... Signature: .....

2 ..... Print Name: .....

PAYMENT IS REQUIRED AT TIME OF CONSULTATION

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