



All correspondence to:

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Name: _____

DOB: _____ AGE: (_____) years

Address: _____

Phone/Mobile: _____

Medicare No: _____

- | |
|--|
| 1. <input type="checkbox"/> Adult Transthoracic Echocardiogram |
| 2. <input type="checkbox"/> Exercise Stress Test |
| 3. <input type="checkbox"/> Exercise Stress Echo |

Routine Urgent

Clinical notes:

Referring Doctor: _____

Provider number: _____

Practice address: _____

Copies to: _____

Signature: _____ Date: _____

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MBChB(Natal) FCP(SA) FRACP FCSANZ
Consultant & Interventional Cardiologist
ABN: 645 8198 2445

Dr Heather Cooke

MBBS (Syd) FRACP
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Dr Allan Davies

BCOM BSC MBBS MPH FRACP
Consultant & Interventional Cardiologist

Dr Stuart Sugito

BMed MPH FRACP
Consultant Cardiologist &
Cardiac Imaging Specialist

Instructions for echo

The test takes approximately 30 minutes; no fasting or special preparation is required.

Instructions for exercise stress echo / exercise stress test

The test will involve walking on a treadmill, which gradually increases in speed. Test takes approximately 30 minutes. One of our staff members will explain the procedure in more detail as soon as you arrive. Please feel free to ask any questions and share any concerns prior to the test.

Clothing

You will require loose fitting clothes and comfortable walking shoes or runners.

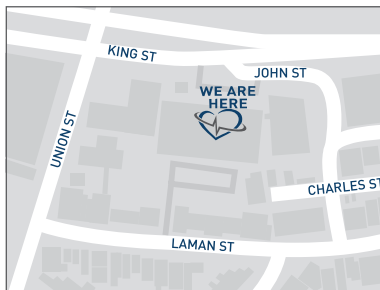
Medication

You should continue all your regular medication UNLESS specifically instructed by your doctor.

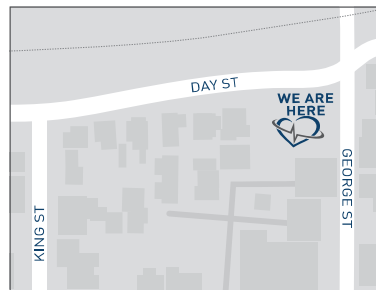
As you will be exercising, we suggest you eat only a light meal prior to the procedure and please avoid exercise on the day of your test.

Locations

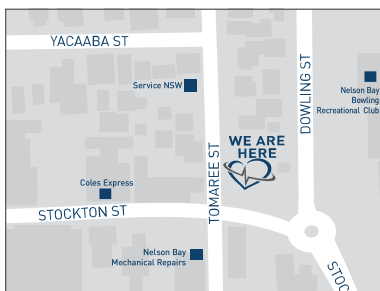
Suite 1, Level C6,
291 King Street
Newcastle NSW 2300



Level 1, Suite 1,
83 George Street
East Maitland NSW 2323



39 Stockton Street
Nelson Bay NSW 2315



Dr Jonathan Young's rooms
388 The Esplanade
Warners Bay NSW 2282

