Patient Referral

Referral to

Patient name

Date of birth ○ Male ○ Female ○ Other

Phone

Clinical Details

Referral for (tick as appropriate)

- ○ **Consultation**
- ○ **ECG**
- ○ **Echocardiogram (echo)**
- ○ **Exercise stress echo (treadmill)**
- ○ **Exercise stress test (treadmill)**
- ○ **24hr ambulatory BP**
- ○ **Holter (24hr) or (48hrs)**
- ○ **7 day event monitor**

Referring Doctor

Referring doctors name

Provider number

Address

Signature Date

Consultant Cardiologists: Dr Augustine (Gus) Mugwagwa • Dr Stephen Kyranis • Dr Bruno Jesuthasan

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