

Patient Referral



Referral to Any Cardiologist Dr Mugwagwa Dr Kyranis Dr Jesuthasan

Patient name _____

Date of birth _____ Male Female Other

Phone _____

Clinical Details

Medications _____

Referral for (tick as appropriate)

- Consultation
- ECG
- Echocardiogram (echo)
- Exercise stress echo (treadmill)
- 24hr ambulatory BP
- Holter (24hr) or (48hrs)

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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