



NEPEAN CARDIAC INVESTIGATION SERVICES

91 Lethbridge Street Penrith 2750. Ph. 47222920 Fax. 47222958

Patient Name: _____ DOB: ____ / ____ / ____

Phone: _____ Mobile: _____

Address: _____

REQUEST (valid HCC holders and Pension Card Holders Bilk Billed)

- 24 hour Holter Monitor
- ECG
- Exercise Stress Test
- Exercise Stress Echocardiogram (if LBBB or baseline ECG changes)
- 24 hour Ambulatory Blood Pressure Monitor (no Medicare Rebate)
- Echocardiogram
- Request for Cardiologist Consultation if abnormal result

CLINICAL DETAILS

- Typical Chest Pain Atypical Chest Pain Shortness of Breath
- Syncope Pre-syncope Palpitations Atrial fibrillation

Referring Dr: _____ Signature _____

Address: _____

Provider Number _____ Date ____ / ____ / ____

Phone: _____ Fax: _____ Email: _____

PREPARATION

24 Hour Monitor

Shower before (unable to shower for 24 hours)
 Shirt/blouse with buttons in front
 Please avoid moisturisers on chest area
 Males may need to be shaved where electrodes are placed on chest
 Magnetic underlays are not to be used

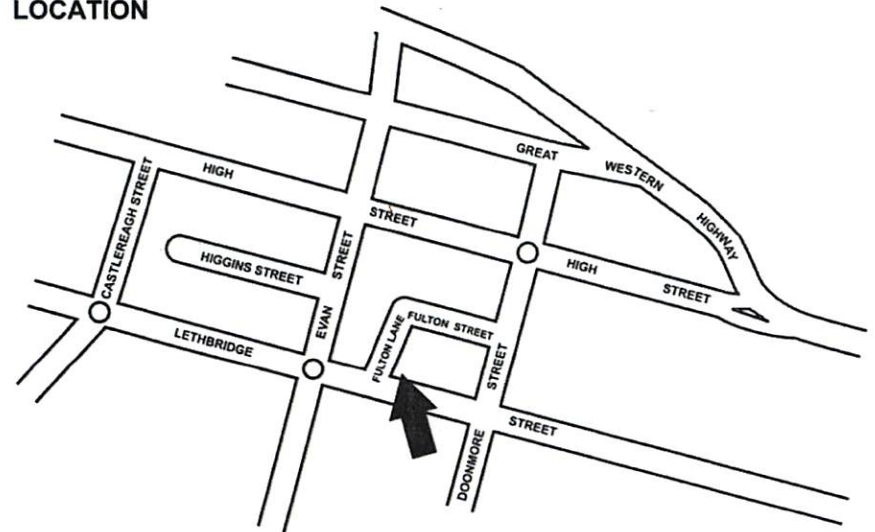
Exercise Stress Test

Walking/running shoes
 Comfortable clothing

24 Hour Blood Pressure

Short-sleeved shirt/top or long sleeve loose fitting top

LOCATION



Please remember your Medicare Card