

Dr Kevin Franklin
MBSS FRACP

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JOHN FLYNN
CARDIOLOGY

PATIENT INFORMATION

Patient Name _____

Address _____

Phone _____

Date of Birth / /

CLINICAL NOTES

INVESTIGATIONS Tick Tests Required

CARDIAC STRESS TESTING

1. Exercise Test & Consultation
2. Stress Echo (Exercise) with Consultation
3. Stress Echo (Dobutamine) with Consultation

CARDIAC RHYTHM ASSESSMENT

4. 12 Lead ECG
5. 24 hour ECG Monitor
6. Event Monitor
7. 24 Hour BP Monitor

CARDIOVASCULAR IMAGING

8. Echocardiogram
9. Transoesophageal Echo (Hospital only)

APPOINTMENT DETAILS

Date _____

Time _____

REFERRING DOCTOR

Copy to _____

Signature _____

Date _____