



REFERRAL

PATIENT NAME

DATE OF BIRTH

PHONE

CLINICAL DETAILS

- CONSULTATION
 URGENT CONSULTATION
- INITIAL ECHOCARDIOGRAM
 (ONCE PER 2 YEARS)
- STRAIN ECHOCARDIOGRAM
 CLINICAL INDICATION: _____
- STRESS EXERCISE ECHOCARDIOGRAM + AND ASSOCIATED
 CONSULT (ONCE PER 2 YEARS)
- HOLTER MONITOR
 AMBULATORY BP MONITORING

REFERRING DOCTOR

PHONE

DATE

PROVIDER NUMBER

SPECIALISTS

- DR JAMES WONG
 DR BILL PETRELLIS
 DR FIONA FOO
 DR GUNJAN AGGARWAL
 DR ABHINAV LUHACH
 A/PROF MARTIN BROWN
 DR RU-DEE TING
 DR ANDREW TERLUK
 NEXT AVAILABLE

BELLA VISTA

Suite 213, Q Central
 10 Norbrik Drive
 Bella Vista 2153
 Phone (02) 9422 6000
bellavista@sydneycardiology.com.au

BLACKTOWN

Suite 4
 15-17 Kildare Road
 Blacktown 2148
 Phone (02) 9422 6050
blacktown@sydneycardiology.com.au

CHATSWOOD

Suite 901
 Level 9, Tower B
 799 Pacific Highway
 Chatswood 2067
 Phone (02) 9422 6040
chatswood@sydneycardiology.com.au

PARRAMATTA

Suite 501
 Level 5, B1 Tower
 118 Church Street
 Parramatta 2150
 Phone (02) 9422 6060
parramatta@sydneycardiology.com.au

CITY

Suite 13.03, Level 13
 68 Pitt Street
 Sydney NSW 2000
 Phone (02) 9422 6080
city@sydneycardiology.com.au

WWW.SYDNEycARDIOLOGY.COM.AU

SAME DAY URGENT APPOINTMENTS AVAILABLE