

Dear

Dr Christine Burdeniuk

Dr _____



MAGNOLIA
SPECIALIST CENTRE

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PATIENT DETAILS

Full name: _____ Sex (M/F): _____

DOB: _____ Medicare no: _____

Address: _____

Phone: _____

THIS IS A REFERRAL FOR

Consult

ECG

Stress ECG

Echocardiogram

Stress Echo

CLINICAL DETAILS Please note any specific requirements below

MEDICATIONS Please list medications, dose and frequency

REFERRER DETAILS

Name: _____

Clinic: _____

Provider no: _____

or



Signature: _____ Date: _____

PREFERRED COMMUNICATION METHOD

Argus

Email

Post

Address: _____



| TEST | WHAT IS THIS TEST? | DURATION | HOW DO YOU NEED TO PREPARE? |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------|
| ECG | A recording of the electrical activity of the heart. The skin is prepared by rubbing or shaving so that electrodes are able to stick to the skin. | 10 minutes | No preparation required. |
| Echocardiogram | A probe is placed on the chest wall which records an ultrasound image of the moving heart. | 30 minutes | No preparation required. |
| Stress ECG | While on a treadmill, electrical impulses from the heart are recorded. The skin is prepared by rubbing or shaving the area so that electrodes are able to stick to the skin. | 30 minutes | Avoid large meals prior to this test. Please bring a towel and wear comfortable shoes and loose clothing. |
| Stress Echo | Ultrasound images of your heart will be recorded before and after you exercise on a treadmill. | 40 minutes | Avoid large meals prior to this test. Please bring a towel and wear comfortable shoes and loose clothing. |

Visit www.magnoliasc.com.au for further detail on these diagnostic tests and procedures.