

# Referral Form

## Referral

Name: .....

DOB: ..... Telephone: .....

Appointment Priority:    ☐ Semi-Urgent <1 week    ☐ Routine (next available)

## Hospital

☐ Forster Private Hospital    ☐ Mayo Private Hospital    ☐ Lingard Private Hospital

## Doctor

☐ Dr Akash Dhawan    ☐ Dr Greg Bellamy    ☐ Dr Bradley Wilshire    ☐ Dr Ross Sharpe

☐ **Cardiologist Consultation**

And/or

## Cardiac Investigations

☐ Exercise Stress Echocardiogram    ☐ Holter Monitor    ☐ Exercise Stress Test

☐ Echocardiogram    ☐ Cardiac Angiogram (by Cardiologist referral only)

## Clinical Details

.....  
.....  
.....  
.....

Referring Doctor: ..... Provider No: .....

Address: .....  
.....

Date: ..... Signature: .....

CC: .....

Forster  
Private Hospital

P 02 6555 1586  
F 02 6555 1364

Lingard  
Private Hospital

P 02 4967 6799  
F 02 4963 5554

Mayo  
Private Hospital

P 02 6551 0722  
F 02 6551 0822