

# Newcastle Adult & Paediatric Heart Centre

## REQUEST FORM

### Consultant Cardiologists

#### Dr Nicholas Collins

M.Med;F.R.A.C.P.,F.C.S.A.N.Z  
Provider No. 224045AY

#### Dr Garry Warner

M.B.,B.SC. (Med), F.R.A.C.P.;F.C.S.A.N.Z  
Provider No. 0035011H

#### Dr Bruce Bastian

M.B.B.S, F.R.A.C.P  
Provider No.0009509X

#### Dr Rachael Hatton

B.Med; F.R.A.C.P  
Provider No: 248696AY

58 & 58A Cleary Street  
HAMILTON NSW 2303

Ph: 02 4962 1811  
Fax: 02 4969 3835

ECG technician  
Emily Morris

### Echocardiographers

Luke Warner/Charlotte Poposki/Karen Hetherington

Date: .....

<p><b>DIAGNOSTIC IMAGING SERVICES</b></p> <p><b>ECHOCARDIOGRAM</b></p> <p>1. <input type="checkbox"/> Paediatric</p> <p>2. <input type="checkbox"/> Adult</p> <p>3. <input type="checkbox"/> Foetal</p> <p>4. <input type="checkbox"/> Foetal Echo &amp; Consultation</p> <p>5. <input type="checkbox"/> Contrast</p> <p><b>OTHER SERVICES</b></p> <p>6. <input type="checkbox"/> Event Telemetry</p> <p>7. <input type="checkbox"/> Paediatric</p> <p>8. <input type="checkbox"/> Adult</p> <p>9. <input type="checkbox"/> ECG (Paediatric)</p> <p>10. <input type="checkbox"/> ECG (Adult)</p> <p><i>Please note ECG and Event Telemetry services will be bulk billed. Event Telemetry will require a \$50 refundable deposit for each machine loaned.</i></p>	<p style="text-align: center;"><b>PATIENT DETAILS (Place label if available)</b></p> <p>Mr/Mrs/Ms.....</p> <p>DOB..... Age (.....)yrs</p> <p style="text-align: center;"><b>PATIENT CONTACT DETAILS</b></p> <p>Address.....</p> <p>Phone..... Mobile .....</p> <p style="text-align: center;"><b>APPOINTMENT STYLE (please tick)</b></p> <p><input type="checkbox"/> Appointment made .....Date .....</p> <p><input type="checkbox"/> Patient ringing</p> <p><input type="checkbox"/> Please forward appointment to patient direct</p>
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**CLINICAL NOTES**

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Referring Doctor .....

Address.....

..... Provider No: .....

Phone ..... Fax.....

Signature .....