

**Newcastle Adult & Paediatric Heart Centre
REQUEST FORM**

Consultant cardiologists

Dr Nicholas Collins

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

Dr Rachael Hatton

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

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Dr Garry Warner

M.B.Bs.,BSc (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

Date.....

Echocardiographers

Provider: 0009509X

Luke Warner /Charlotte Poposki/Karen Hetherington

PATIENT DETAILS (place label if available)

Mr

Mrs.....

Ms

DOB.....Age (.....) yrs

Patient Contact details

Address.....

Phone.....Mobile.....

DIAGNOSTIC IMAGING SERVICES

ECHOCARDIOGRAM

- Paediatric
- Adult
- Foetal
- Foetal and consultation
- Contrast

OTHER SERVICES

- Event Telemetry
- Exercise Stress Test
- ECG

CLINICAL NOTES

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Referring Doctor.....

Address.....**Provider no:**.....

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.....**Phone:**..... **Fax:**.....

Email.....

Signature:.....

*Your doctor has referred you to Newcastle Adult & Paediatric Heart Centre for echocardiography.
This referral form may be used at the diagnostic Imaging practice of your choice.*