

**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

Dr Rachael Hatton

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Dr Jascha Kehr

MD; F.R.A.C.P

Dr Nicholas Whitehead

B.Med; F.R.A.C.P

Dr Kate Jardine

B.Med; F.R.A.C.P

Dr Bruce Bastian

MBBS; F.R.A.C.P

Dr David Baker

B.Med; F.R.A.C.P

Sonographers

Luke Warner /Charlotte Poposki/Karen Hetherington/Kristy Hales

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.*