

Patient Name:		Date of Birth	
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Clinical details:

Wesley Hospital:	Please tick:		Please tick:
Consultation		Resting ECG	
Echocardiogram		24hr Holter	
Exercise Stress test (EST)		24hr Ambulatory BP	
Exercise Stress Echo (ESE)			

Referring Doctor		Doctors stamp
Provider Number		
Date of Referral		

For Patients:
 Please phone our friendly secretary on **07 3311 1163** who will assist you with this booking.

Address for service:

 Wesley Hospital:

 Suite 76, Level 3
 Sandford Jackson Building
 30 Chasely Street
 Auchenflower Q4066

