SEC
SYDNEY ECHO CLINIC

P (02) 8002 1486 F (02) 7258 1055
E admin@sydneyechoclinic.com.au
A 114-116 Glebe Point Road, Glebe NSW 2037
HEALTHLINK EDI: sydechoc

Patient Name: _____ **Contact No:** _____

Address: _____ **DOB:** _____

Medicare No: _____

STRESS ECHOCARDIOGRAM REQUEST FORM

Type of request (tick eligible MBS criteria)	
Stress Echocardiogram (55141) Initial study Requested by **ANY** medical practitioner including GP (Once every 24 months)	Indications listed on the MBS: ☐ Typical or atypical angina precipitated by physical exertion or relieved by rest ☐ Known CAD with uncertain functional significance or symptoms suggestive of ischaemia ☐ ECG suggestive of CAD/ischaemia or clinical suspicion of silent ischaemia
Exercise Stress Echo (55143) Repeat study **Specialist only** Once per 12 months	☐ Undue exertional dyspnoea of uncertain aetiology ☐ Pre-op assessment of patient with reduced functional capacity ☐ Assessment by a specialist or consultant physician indicates the patient has potential non-coronary artery disease, where a stress echo is likely to assist in the diagnosis Indications **not** listed on the MBS: ☐ Suspected IHD/risk factors for IHD (without symptoms of IHD) ☐ Abnormal chest sensations such as palpitations or flutter, known or suspected arrythmia ☐ Dizziness/light headedness as well as syncope or presyncope ☐ Reduced exercise capacity

Additional clinical notes:

Referring Doctor's Details

Name: _____ Provider No: _____

Address: _____

Phone or email: _____ Signature:

Date: _____

Report: ☐ Email: _____ ☐ HealthLink

☐ Fax: _____ ☐ Medical Objects