

# Otway Heart Request Form

www.otwayheart.com.au

Ph: 0474 771 927

In order to provide a bulkbilling service, can you kindly provide us with an indication for the study.

Please Fax or email referrals to [admin@otwayheart.com.au](mailto:admin@otwayheart.com.au) or Fax: 03 8677 3335

<b>Patient Name:</b>	<b>Date of Birth:</b>
<b>Patient Address:</b>	<b>Medicare Number:</b>
<b>Mobile/Home Phone:</b>	<b>Patient consent (office use):</b>

STUDY Requested	<b>Bulkbilling Eligible Indications</b> (tick at least one box)	
<input type="checkbox"/> <b>Echocardiogram</b> Initial Echo: MBS item 55126	<input type="checkbox"/> Symptoms or signs of heart failure (e.g. shortness of breath, ankle swelling, etc) <input type="checkbox"/> Ventricular dysfunction (suspected) <input type="checkbox"/> Ventricular dysfunction (known) <input type="checkbox"/> Ventricular hypertrophy (suspected) <input type="checkbox"/> Ventricular hypertrophy (known) <input type="checkbox"/> Congenital heart disease/heart tumour	<input type="checkbox"/> Valvular heart disease (Murmur FI) <input type="checkbox"/> Aortic disease <input type="checkbox"/> Pericardial disease <input type="checkbox"/> Stroke or thromboembolism
<input type="checkbox"/> <b>Echocardiogram</b> Serial Echo: MBS item 55128	<input type="checkbox"/> Known primary valvular heart disease as per management guidelines	
<input type="checkbox"/> <b>Echocardiogram</b> Serial Echo: MBS item 55133	<input type="checkbox"/> Pericardial effusion or pericarditis	<input type="checkbox"/> Cardiotoxic medications as per PBS requirement
<input type="checkbox"/> <b>Stress Echo Test (Treadmill)</b> MBS item 55141	<input type="checkbox"/> Typical or atypical angina <input type="checkbox"/> Exertional unknown etiology <input type="checkbox"/> Known coronary artery disease with evolved symptoms <input type="checkbox"/> Abnormal ECG without known history <input type="checkbox"/> Abnormal calcium score or cardiac CT <input type="checkbox"/> Silent ischemia is suspected <input type="checkbox"/> Prior to valvular intervention	<input type="checkbox"/> Pre-op assessment with reduced exercise capacity (<4METS) and with at least two of: heart failure, ischaemic heart disease, stroke/TIA, eGFR<60, or diabetes on insulin
<input type="checkbox"/> <b>12-lead ECG + report</b> MBS item 11704		
<input type="checkbox"/> <b>24 Hour Holter monitor</b> MBS item 11716		

**Clinical notes:**

<b>Referrer Details:</b>  <b>Provider Number:</b>  <b>Doctor's Signature:</b>	<b>Copies to:</b>   <b>Date:</b>
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Locations:

**COLAC**, 28 Hart St.

**TIMBOON**, 14 Hospital Rd.

**WARRNAMBOOL**, 172 Koroit St.