



CARDIOLOGY SPECIALIST DIAGNOSTICS

HIATT CHAMBERS (Cnr LEINSTER and PAPANUI Roads)

ST GEORGES MEDICAL CENTRE

249 PAPANUI Road

CHRISTCHURCH 8014

Ph: 03 355 6056 Fax: 03 355 9170

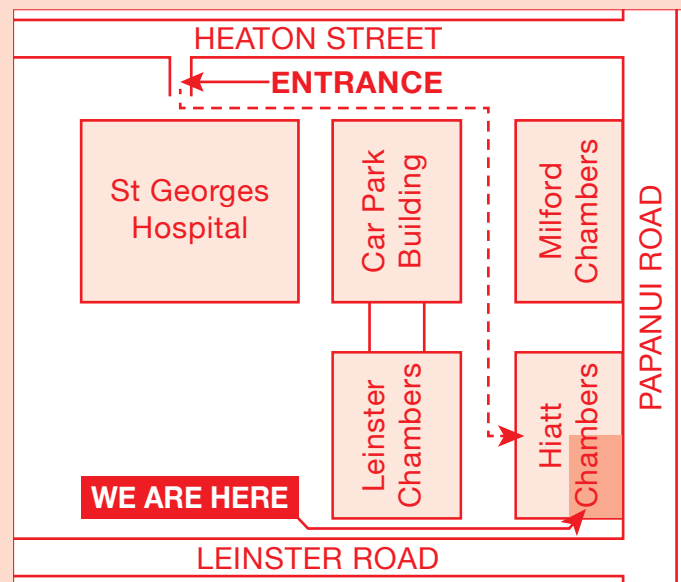
www.cardiologyspecialists.co.nz

Email: csd@cardiologyspecialists.co.nz

Dr Dougal McClean
General and Interventional Cardiologist

Professor Hamid Ikram
Cardiologist

Second fold



First fold

PARKING - AT ST GEORGES CAR PARK BUILDING, VIA HEATON STREET, OR ON LEINSTER ROAD.

ADDITIONAL CLINICAL INFORMATION:

**TELEPHONE 355-6056
FACSIMILE 355-9170
FOR APPOINTMENT**

DATE

TIME

OTHER SERVICES PROVIDED WITH CARDIOLOGY SPECIALIST REFERRAL:

CARDIOVERSION

CT CORONARY ANGIOGRAM

CT CALCIUM SCORE

CORONARY ANGIOGRAPHY

CORONARY ANGIOPLASTY AND STENTING



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I Refer:

MR
MRS
MISS
MS

DR:

Address:

Routine Urgent

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Ph: Fax

Age: Dob: Ph:

Date:

	CLINICAL PROBLEM:	REQUEST:
EKG	<input type="checkbox"/> Chest pain <input type="checkbox"/> Angina <input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Resting ECG <input type="checkbox"/> Bruce Protocol Treadmill Exercise ECG (bring running shoes, comfortable clothing)
HOLTER	<input type="checkbox"/> Palpitations <input type="checkbox"/> ? Paroxysmal Atrial Fibrillation <input type="checkbox"/> Arrhythmia, Syncope, Black Out <input type="checkbox"/> Other	<input type="checkbox"/> Holter 24-hour Ambulatory ECG
ECHO	<input type="checkbox"/> Dyspnoea ? Cause <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Hypertension - LVH <input type="checkbox"/> New Murmur <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Heart Failure <input type="checkbox"/> Pericarditis - Pericardial Effusion <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Echocardiogram with 2D LV Strain <input type="checkbox"/> Dobutamine Stress Echo <input type="checkbox"/> Exercise Stress Echo
B.P.	<input type="checkbox"/> Hypertension <input type="checkbox"/> White-Coat Hypertension <input type="checkbox"/> Reverse Dipper	<input type="checkbox"/> 24-hour Ambulatory Blood Pressure Monitor
SPIRO	<input type="checkbox"/> Dyspnoea <input type="checkbox"/> Asthma / COPD	<input type="checkbox"/> Simple Spiro <input type="checkbox"/> Bronchodilator Response