



HEART CARE  
INSTITUTE

## Dr Ghassan Charbel

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#### PATIENT DETAILS

SURNAME:

GIVEN NAME:

DATE OF BIRTH

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#### CLINICAL DETAILS

#### MEDICATION(S)

#### REQUEST FOR:

CONSULTATION

EXERCISE STRESS ECHO

ECHOCARDIOGRAM

ECG

STANDARD STRESS TEST

24HR BP MONITOR

24HR HOLTER MONITOR

REFERRED BY:

DATE:

PROVIDER NO:

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SIGNATURE:

\_\_\_\_\_

**BULK BILL**

MORE REFERRAL PADS

CORRESPONDENCE BY EMAIL/FAX