

Referral Form

Northern
Heart Specialists



Dr Greg Starmer
BSc, MBBS (UQ), FRACP, FCSANZ,
FESC, FACC, Interventional Cardiologist

Dr Anthony Brazzale
MBBS (Hons), FRACP, FCSANZ,
Interventional Cardiologist

Dr Corey Smith
BSc (Med) Hons, MBBS (Hons), FRACP,
Electrophysiologist

Date: _____

Patient Details:

Name: _____ DOB: _____

Medicare No. : _____ Phone: _____

BULK-BILLED INVESTIGATIONS

Investigations Requested:

- Echo
- Holter
- ECG
- 24hr BP Monitor
- Exercise Stress ECHO
- Bubble study for PFO

Clinical Details:

Specialist Consultation: (optional)

- Dr Greg Starmer
- Dr Anthony Brazzale
- Dr Corey Smith

Referring Doctor Details:

Practitioner's Name: _____

Address : _____

Signature: _____

Date: _____

 Level 1 (Ground Floor), 144 Lake St

 PO Box 43n, Cairns North, 4870

 07 4041 7492

 07 4027 9415

 reception@northernheartspecialists.com.au

 www.northernheartspecialists.com.au