Cardiotest

Prompt and Reliable Cardiac Investigations | 24 Hour Holter and Blood Pressure Monitors

REFERRAL AND PATIENT AGREEMENT

Patient last name	Given name (including middle initial)	Sex
Date of birth	Medicare number / IRN / expiry	Your reference
Patient address	Telephone (home)	Telephone (Bus)
Tests requested: [ ] Holter [ ] ABPM [ ] ECG		
Collector's Name, Signature, Date and Time		
Clinical Notes		

Urgent: [ ] Phone [ ] Fax By Time:	Phone/Fax No.
Billing: [ ] Private [ ] Concession [ ] Bulk Bill	Vet Affairs / Work Comp No.
DOCTOR'S SIGNATURE AND REQUEST DATE	
Copy Reports To:	Requesting Doctor (Provider Number, Surname and Initials, Address)

MEDICARE ASSIGNMENT

I agree to assign my Medicare benefit to the practitioner providing the requested service(s), as full payment for those bulk-billed services.

PATIENT'S SIGNATURE AND DATE	Practitioner's Use Only (Reason Patient Cannot Sign)

PATIENT APPOINTMENT COPY

Your 24 hour Holter or Blood Pressure Monitor will be connected at your referring practice.

Appointment time	Appointment date

Patient last name	Given name (including middle initial)	Sex
Date of birth	Medicare number / IRN / expiry	Your reference
Patient address	Telephone (home)	Telephone (Bus)
Tests requested: [ ] Holter [ ] ABPM [ ] ECG		
Requesting Doctor (Provider Number, Surname and Initials, Address)		

MEDICARE ASSIGNMENT

I agree to assign my Medicare benefit to the practitioner providing the requested service(s), as full payment for those bulk-billed services.

PATIENT'S SIGNATURE AND DATE	Practitioner's Use Only (Reason Patient Cannot Sign)