

# Echocardiogram Request

## Patient details

(affix patient label)

Name .....

Date of Birth .....

Address .....

.....

Phone .....

### Clinical details:

.....

.....

.....

.....

.....

.....

### Appointment:

Date .....

Time .....

### Inpatient:

Yes (Ward .....

No

### Test:

Transthoracic echocardiogram (TTE)

Exercise echocardiogram

Exercise ECG test

Transoesophageal echocardiogram (TOE)

Dobutamine stress echocardiogram

Other .....

.....

.....



ST VINCENT'S  
PRIVATE HOSPITAL  
FITZROY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

St Vincent's Private Hospital  
Cardiovascular Care Centre

Level 1 *(Please use central lift)*

59 Victoria Parade

Fitzroy Vic 3065

*(See map overleaf)*

Phone: (03) 9411 7100

(03) 9411 7107

Facsimile: (03) 9411 7122

Website: [www.svphm.org.au](http://www.svphm.org.au)

## Referring doctor details

Referring Dr .....

Provider No. .... Date of request .....

Address .....

Signature .....

Report:  Urgent  Non-urgent

Send via:  Fax  Mail

.....

.....



## Patient Information

Please arrive on time for your appointment to avoid cancellation.

### **Transthoracic echocardiogram (TTE):**

No specific preparation.

No fasting required.

### **Exercise echocardiogram and Exercise ECG test:**

Wear loose comfortable clothing and walking shoes for exercise.

### **Transoesophageal echocardiogram (TOE) and Dobutamine stress echocardiogram:**

Wear loose comfortable clothing.

**A minimum 4 hour fasting period is required  
before your appointment.**

### **For your appointment:**

Please bring your doctor's referral letter/form and  
a complete list of your medications.

### **St Vincent's Private Hospital Fitzroy**

Level 1 **Cardiovascular Care Centre** *(Please use central lift)*

59 Victoria Parade Fitzroy Vic 3065

Phone: 03 9411 7100

03 9411 7107

Facsimile: 03 9411 7122

Website: [www.svphm.org.au](http://www.svphm.org.au)

