



MACARTHUR CARDIOLOGY

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Dr Mohammad Azari
MD, MS, FRACS

Cardiothoracic Surgeon:

Dr Waleed Aty
MMBch, MS, MD-PHD, FRACS

FIRST AVAILABLE

PATIENT DETAILS

Name: _____ D.O.B _____ / _____ / _____

Address: _____ Best contact: _____

SERVICE REQUESTED

PLEASE COMPLETE THE MEDICARE CRITERIA FOR CARDIAC IMAGING ON THE BACK OF THIS FORM

Consultation

Exercise Stress Test

Holter Monitor (24 hours)

Echocardiogram

ECG

24 Hour Blood pressure Monitor

Stress Echocardiogram

Device Check

Event Monitor (28 days)

Clinical Details:

REFERRING DOCTOR DETAILS

Name: _____

Provider No: _____

Address: _____

Telephone: _____

Fax: _____

Signature: _____

Date: _____ / _____ / _____

MEDICARE REBATE CRITERIA – PLEASE SELECT

Stress Echo Indications:

- Typical/Atypical Angina
 - Constricting discomfort front chest/neck/shoulders/jaw/arms
 - Exertional symptoms
 - Relieved by rest or GTN
- Known coronary disease with symptoms suggestive of ischaemia
 - Not adequately controlled with medical therapy
 - Evolved since last functional study
- Congenital heart lesions post-surgery with potential reversible ischaemia
Resting ECG consistent with coronary artery ischaemia
(without known CAD)
- Assessment of CAD of uncertain significance on CTCA/Angiogram
- Exertional dyspnoea of uncertain aetiology
- Pre-op assessment (Functional capacity <4METS (2 blocks, 1 flight of stairs))
 - IHD/MI
 - Heart failure
 - Stroke/TIA
 - Renal dysfunction (Cr>170umol/L or CrCl <60mL/Min)
 - Diabetes requiring insulin
- Prior to cardiothoracic surgery/Catheter-based interventions
 - Assess AS
 - Determine if valve regurgitation worsens with exercise/correlates
 - Correlate functional capacity with ischaemic threshold
- Silent ischaemia suspected
- Cognitive capacity/Language Impairment – not possible to assess symptom frequency

EST Indications:

- Symptoms consistent with cardiac ischaemia
- Other cardiac diseases which may be exacerbated with exercise
- First-degree relative with suspected heritable arrhythmia (Catecholaminergic polymorphic VT, Familial long QT, Young

Echo Indications:

- Cardiac failure
- LVH/LV dysfunction
- PHTN
- Valvular/aortic/pericardial/thrombotic/embolic
- Heart tumour
- Congenital heart disease

Holter Indications:

- Syncope/Pre-syncope
- Palpitations > once a week
- Asymptomatic arrhythmia > once a week
- Surveillance following cardiac surgical procedures with a risk of dysrhythmia
- Detection of AF following TIA/Stroke

NON-MEDICARE REBATE

**PLEASE BRING ALL CURRENT MEDICATIONS, RECENT TESTS
AND BLOOD RESULTS YOU MAY HAVE**

HOW TO FIND US

