



# MACARTHUR CARDIOLOGY

Shop 3, 4 Hyde Parade Campbelltown NSW 2560 Telephone: 4620 6188 Fax: 8331 7533

### Please specify Cardiologist – Adults:

Dr Ali Toufaily  
MBBS (Hons.Syd), FRACP

Dr Phong Nguyen  
MBBS, FRACP, FCSANZ

Dr Hashim Kachwalla  
MBBS, FRACP, FCSANZ

Dr Upul Prema-wardhana  
MBBS (Hons) Adel. MMed Syd. FRACP

Dr Tamer Badie  
MBBS, FRACP, FCSANZ, FSCCT, FSCAI

Dr Matle Fung  
BSc (Med), MBBS, MHL, FRACP

Dr Oliver Gibbs  
BSc (Forensics), MBBS (Hons), MPhil (Medicine),  
FRACP

Dr Giuseppe Femia  
BSc, M.B.B.S, PhD, FRACP, FCSANZ

Dr Zaidoni Al- Falahi  
MBBCH, FRACP

**FIRST AVAILABLE**

### Paediatric Cardiologist:

Dr Nitin Arora  
MBBS, MD, FRACP

**URGENT** (24- 48 hours)

**SEMI – URGENT** (1-2 weeks)

**ELECTIVE**

## PATIENT DETAILS

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## REFERRAL SERVICE REQUESTED

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

Consultation

Exercise Stress Test

Holter Monitoring (24 hour)

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE BRING ALL CURRENT MEDICATIONS, RECENT X-RAYS  
AND BLOOD RESULTS YOU MAY HAVE**

## 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 disease 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 risk of dysrhythmia
- Detection of AF following TIA/Stroke

NON MEDICARE REBATE

## HOW TO FIND US

