CARDIOLOGY TASMANIA

Transthoracic Echocardiogram Request Form

Dr David Russell and Dr Andrew Black

Huon Valley Health Centre: 85 Main Road, Huonville, TAS (03) 6264 2800 (03) 6264 2411
Northcare Health Centre: 254 Main Road, Derwent Park, TAS (03) 6272 8869 (03) 6134 8811
Midlands Multipurpose Health Centre: 13 Church Street, Oatlands, TAS (03) 6135 0540 (03) 6135 0994

Clinical indication:

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Additional copies to:

Patient Name: .....

Address: .....

DOB: .....

Req. Dr: ..... Date: .....

Address: .....

Provider no: ☐☐☐☐☐☐☐☐ Signature: .....

Relevant clinical history:

- ☐ Atrial fibrillation
- ☐ Hypertension
- ☐ Diabetes
- ☐ CKD
- ☐ Cardiac surgery – details: .....
- ☐ Heart failure – details: .....
- ☐ IHD – details: .....
- ☐ Other: .....

Relevant clinical history:

- ☐ Clopidogrel/ticagrelor/prasugrel
- ☐ DOAC or warfarin
- ☐ Aspirin
- ☐ Diuretic
- ☐ ACE-inhibitor / ARB
- ☐ Beta-blocker
- ☐ Digoxin
- ☐ Other: .....