



**Dr Kashif Kalam** MBBS FRACP  
Consultant Cardiologist  
Multi-Modality Cardiac Imaging  
Staff Specialist, Canberra Hospital  
*Provider No. 276481VL*

**8/12 Napier Close**  
**Deakin, ACT 2600**

Phone: (02) 6162 2741  
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**Patient's Name:**

**Date of Birth:**

**Address:**

**Contact details:**

**Reasons for request:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pacemaker          | <input type="checkbox"/> Stress Echocardiogram |
| <input type="checkbox"/> Coronary Angiogram | <input type="checkbox"/> Holter Monitor        |
| <input type="checkbox"/> Consultation       | <input type="checkbox"/> 24hr BP Monitor       |
| <input type="checkbox"/> ECG                | <input type="checkbox"/> 3-day Holter Monitor  |
| <input type="checkbox"/> Echocardiogram     |  |
| <input type="checkbox"/> Other: _____       |  |

*(Referring GP/Specialist)*  
*Stamp provider number*

Comments: \_\_\_\_\_