Dr Kashif Kalam MBBS FRACP

Multi-Modality Cardiac Imaging

Staff Specialist, Canberra Hospital

Consultant Cardiologist

Provider No. 276481VL



CARDIOLOGY REQUEST FORM

8/12 Napier Close
Deakin, ACT 2600

Phone: (02) 6162 2741 Fax: (02) 6162 2742

Patient's Name: Date of Birth: Address:	
Address:	
Contact details:	
Reasons for request:	,
Pacemaker Stress Echocardiogram	
Coronary Angiogram Holter Monitor	
Consultation 24hr BP Monitor	
□ ECG □ 3-day Holter Monitor (Referring GP/Specialist) Stamp provider number	
Echocardiogram	!
□ Other:	

Comments:

This form is not a referral. Please FAX all Referrals and other correspondence to the rooms — Thank you.