

Appointment Date..... Time:.....

Location.....

Patient Name:

Address:

DOB:

Phone:

Gender: M / F

**Dear Doctor, Please review the above Patient, and consider the following:**

- Consultation\*
- ECG
- Echocardiogram
- Exercise Stress Echocardiogram & Baseline Echocardiogram  with consultation
- Pacemaker Check/Consultation
- 24 Hour Halter Monitoring
- 24 Hour Blood Pressure Monitoring

*\*Consultations can be bulk billed on request.*

Clinical Notes:

*Risk Factors:*

- Hypertension
- Diabetes
- Family Hx
- Dyslipidaemia
- Smoking

*Specialty Clinics  
(Tick if applicable)*

- Rapid Access Chest Pain Clinic
- Hypertension Clinic
- Atrial Fibrillation Clinic
- Pacemaker Clinic
- Heart Failure Clinic
- General Cardiology Clinic

Referring Doctor ..... Provider No. ....

Address .....

Signature ..... Date .....

Copy to .....



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(1800 DR RUDD)  
F | +61 3 8080 3250  
M | 0480 017 833  
(SMS and sending photos only)

240a Thirteenth Street  
Mildura VIC 3500  
(Cnr Thirteenth St/Ontario Ave)

[drruddcardiology.com.au](http://drruddcardiology.com.au)  
[contact@drruddcardiology.com.au](mailto:contact@drruddcardiology.com.au)

**Patient Instructions:**

Please notify us if you are unable to attend.

Please wear a comfortable two piece attire and walking shoes for stress test.

Please bring your referral or doctor's letter to the appointment. Failure to do so may result in your appointment being cancelled.

Bring your Medicare Card with you to the appointment.

Please stop these medicines 48 hours before the stress test, after consulting with your doctor:

**Atenolol, Sotalol, Metoprolol, Nebivolol, Bisoprolol, Carvedilol, Cardizem, Verapamil, Digoxin.**

For more information please visit the website: [www.drruddcardiology.com.au](http://www.drruddcardiology.com.au)

**ECG**

Records the electrical activity of the heart. The skin is prepared by rubbing or shaving so that the recording dots stick to the skin. Duration: 5 minutes

**Echocardiography**

Ultrasound to take pictures of your heart to assess its function and structure. No preparation needed. Duration: 30 minutes

**Stress Echocardiography**

This test involves exercising on a treadmill for a short duration of time while monitoring your heart rhythm and blood pressure. Ultrasound images of heart are taken before and after exercise. Duration: 40 minutes

**Holter Monitoring**

Records your heart rate and rhythm for 24 hours. You wear a small recorder with three short wires from the recorder attached to your chest. You can continue your normal activities during the 24 hours of Holter Monitoring. The only restriction is no showering. Duration: 10 minutes to fit the recorder

**24 Hours Blood Pressure Monitoring**

Records your frequent blood pressure readings over a 24 hour period of time. You wear a small recorder and a blood pressure cuff. You can continue your normal activities during the 24 hours of monitoring. The only restriction is no showering. Duration: 10 minutes to fit the recorder

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