

# Mater Adult Hospital Cardiovascular Investigations Unit Referral Form

## Patient Details

Date .....

Surname ..... First name .....

Gender M  F  Date of birth ..... Medicare number .....

Telephone number ..... Mobile number .....

Address .....

## Referring Doctor Details

Surname ..... First name .....

Telephone number ..... Fax number .....

Practice address .....

Provider number ..... Signature .....

## Please indicate which test you require

Echocardiogram-Transthoracic

Exercise Stress Test

Holter Monitor 24 Hour

Clinical details .....

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## Cardiologists

Dr Karam Kostner, Dr Przemek Palka and Dr Sandhir Prasad

## Mater Adult Hospital Cardiovascular Investigations Unit

Level 7 Mater Adult Hospital  
Raymond Terrace  
South Brisbane Qld 4101

Telephone 07 3163 8655  
Facsimile 07 3163 8714  
Website [www.materonline.org.au](http://www.materonline.org.au) and click on Services

## Parking Locations

Hancock Street Car Park: Hancock Street (off Raymond Terrace)  
Mater Hill Car Park: Entrances from Stanley, Allen and Water Streets  
Mater Medical Centre Car Park: Entrance from Vulture Street

**Please complete and fax referral form to 07 3163 8714. Once form is received patient may phone to book appointment or an appointment will be sent to patient.**

