

Brisbane Locations

St Andrew's Specialist Centre

St Andrew's Hospital
Level 8, 457 Wickham Terrace
Brisbane Qld 4000
PO Box 525 Spring Hill Qld 4004
Fax (07) 3016 1199

Brisbane Private Hospital

Ground Floor,
259 Wickham Terrace
Brisbane Q 4000
Fax: (07) 3016 1199

Greenslopes Specialist Centre

Greenslopes Private Hospital
Suite 2, Lobby Level
Newdegate Street
Greenslopes Qld 4120
Fax (07) 3421 0599

Holy Spirit Medical Centre

Holy Spirit Northside Hospital
Level 3, Medical Suites South
Rode Road, Chermshire Qld 4032
Fax (07) 3621 3190

Mater Private Cardiology

Suite 10, Level 6
Mater Medical Centre
293 Vulture Street
South Brisbane Qld 4101
Fax (07) 3163 1169

Mater Private Clinic Redland

Suite 14 Bayside Business Park
16 Weippin Street
Cleveland Qld 4163
Fax (07) 3163 1169

Qscan Redcliffe

5 Silvyn Street
Redcliffe Qld 4020
Fax (07) 3621 3190

Brisbane Locations all calls

Phone: 1300 559 706

Consultant Cardiologists

- Dr Michael Adsett
- Dr James Cameron
- Dr Louise M Carey
- Dr Malcolm Davison
- Dr J Elisabeth Donnelly
- Dr Peter Hadjipetrou
- Dr John R Hayes
- Dr Nghi Mai
- Dr Przemek Palka
- Dr John T Rivers
- Dr Alex Roati
- Dr Wayne J Stafford
- Dr Kieran Dauber
- Dr Cleonie Jayasuriya
- Dr Bruno Jesuthasan
- Dr Aleksandra Lange
- Dr Giao Le
- Dr William Parsonage

Sunshine Coast Locations

Buderim

Phone (07) 5479 6886

Noosa

Phone (07) 5479 6886

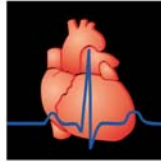
Consultant Cardiologists

Dr Kit Wong

Phone 1300 559 706

Practising

- Clinical Cardiology
- Coronary Angiography
- Coronary Angioplasty /Stent
- Cardiac Electrophysiology
- Cardiac Pacing
- Transoesophageal
- Echocardiography
- Stress Echocardiography
- Event Loop Recording
- Exercise Stress Testing
- Holter Monitoring
- Peripheral Vascular Interventions
- Atrial Septal Defect/PFO Closure
- Radiofrequency Ablation
- AF Ablation



REQUEST FORM

Appointment:.....

Location:.....

(Note: Please bring this form with you to your appointment)

- (1). ECG (Reported)
- (2). Echocardiography
- (3). Holter
- (4). Exercise Stress Test (see below)
- (5). Consultation
- (6). Exercise Stress Echo (see below)
- (7). Dobutamine Stress Echo
- (8). Transoesophageal Echo
- (9). Pacemaker Testing
- (10). Other (specify).....

Patient:.....

DOB:.....

Clinical Details:.....

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Signed:..... Date:.....

Name: (please print)