



**For Appointment**

Call: 08 6371 5050 or Fax: 08 6371 5055 or Email: admin@midlandms.com.au

PATIENT DETAILS	
Name:	_____
DOB:	_____ Gender: _____
Address:	_____
Phone:	_____ Mobile: _____
Medicare:	_____ Reference: _____ Expiry: _____

Cardiologists
Dr Siang Ung
Dr Kalil Anvardeen
Dr Yuli Ten

Cardiac Test		MBS Indication			
		Item Number	Indication	Who can request	Frequency of testing <sup>§</sup>
1. ECG	<input type="checkbox"/>	<b>11704</b>			
2. Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/> <b>55126</b>	Initial echo for suspected heart condition	Any Practitioner	24 months
		<input type="checkbox"/> <b>55127</b>	Follow-up of known valvular disease	Specialists Only	12 months
		<input type="checkbox"/> <b>55128</b>	Follow-up of known valvular disease	Remote GP*	12 months
		<input type="checkbox"/> <b>55129</b>	Follow-up heart failure & structural disease	Specialists Only	12 months
		<input type="checkbox"/> <b>55133</b>	Serial echo for Pericarditis, ChemoTx, PHTN	Any Practitioner	No limitation
		<input type="checkbox"/> <b>55134</b>	Repeat echo for rare presentations	Specialists Only	No limitation
3. Stress Echocardiogram with baseline resting Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/> <b>55141</b>	Exercise stress echo	Any Practitioner	24 months
4. Stress echocardiogram alone	<input type="checkbox"/>	<input type="checkbox"/> <b>55143</b>	Repeat stress echo	Specialists Only	12 months
5. Holter Monitor	<input type="checkbox"/>	<b>11716</b>		Any Practitioner	4 weeks
		<input type="checkbox"/> Syncope			
		<input type="checkbox"/> Pre-syncope Episodes			
		<input type="checkbox"/> Palpitations where episodes are occurring > once a week			
		<input type="checkbox"/> Asymptomatic arrhythmia is suspected with an expected frequency > once a week			
• Duration 24 hrs <input type="checkbox"/>		<input type="checkbox"/>	Surveillance following cardiac surgeries that have an established risk of causing dysrhythmia		
• Duration 72 hrs <input type="checkbox"/>		<input type="checkbox"/>	Other: no Medicare rebate – gap fees apply		
6. Event Monitor (heartbug)	<input type="checkbox"/>		No Medicare rebate – admin fees apply		
7. Ambulatory blood pressure monitor	<input type="checkbox"/>		No Medicare rebate – admin fees apply		
8. Pacemaker / Device Review	<input type="checkbox"/>		Please specify Device _____ and Manufacturer _____ if known		

<sup>§</sup> Frequency of testing restriction commencing from 1<sup>st</sup> Aug 2020 \* Remote GP - Modified Monash Category 3-7

CLINICAL DETAILS
<input type="checkbox"/> Urgent

REFERRER DETAILS	
Doctor: _____ Provider Number: _____ Medical Practice: _____ Healthlink ID: _____ Phone: _____ Fax: _____	Doctor Stamp  Signature: _____ Date: _____
Copy of Report to:	

