

Referral Form



Dr Greg Starmer
BSc, MBBS (UQ), FRACP, FCSANZ,
FESC, FACC, Interventional Cardiologist

Dr Anthony Brazzale
MBBS (Hons), FRACP, FCSANZ,
Interventional Cardiologist

Dr Corey Smith
BSc (Med) Hons, MBBS (Hons), FRACP,
Electrophysiologist

Date: _____

Patient Details:

Name: _____ **DOB:** _____

Medicare No. : _____ **Phone:** _____

BULK-BILLED INVESTIGATIONS

Investigations Requested:

☐ Echo ☐ Holter ☐ ECG

☐ 24hr BP Monitor

☐ Exercise Stress ECHO

☐ Bubble study for PFO

Clinical Details:

Specialist Consultation: (optional)

☐ Dr Greg Starmer

☐ Dr Anthony Brazzale

☐ Dr Corey Smith

Referring Doctor Details:

Practitioner's Name: _____

Address : _____

Signature: _____

Date: _____

📍 Level 1 (Ground Floor), 144 Lake St

☎ 07 4041 7492

📠 07 4027 9415

✉ PO Box 43n, Cairns North, 4870

📧 reception@northernheartsqld.com.au

🖱 www.northernheartsqueensland.com.au