



**Vital**  
Heart Care

**Call: (03) 9020 0100**

Fax: (03) 9020 0101

[reception@vitalheartcare.com.au](mailto:reception@vitalheartcare.com.au)

**CODE: VC1**

## Cardiologists

**Dr. Jithin Sajeev**  
**Dr. David Tong**  
**Dr. Tim Tsay**

### Main Rooms:

Knox Private Hospital  
Consulting Suites 11  
262 Mountain Highway  
Wantirna 3152

Patient name

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Address

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Date of birth

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Phone number

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Request for:	MBS criteria (please tick where applicable)
<b>Review with Cardiologist</b> <input type="checkbox"/> Next available <input type="checkbox"/> Dr Sajeev <input type="checkbox"/> Dr Tong <input type="checkbox"/> Dr Tsay	<b>Clinical details:</b>
<b>Exercise stress echocardiogram (ESE)</b>	<input type="checkbox"/> Exercise stress echocardiogram, not performed within 2 years (55141) <input type="checkbox"/> Repeat stress echocardiogram <u>within 2 years</u> for suspected ischaemic heart disease or dyspnoea (55143: <b>specialist consultation required</b> )
<b>Transthoracic echocardiogram (TTE)</b>	<input type="checkbox"/> Initial TTE, <u>not performed within 2 years</u> (55126)  Repeat TTE <u>within 2 years</u> ( <b>specialist consultation required</b> ): <input type="checkbox"/> Repeat valvular dysfunction (55127 or 55128) <input type="checkbox"/> Repeat heart failure or structural heart disease (55129) <input type="checkbox"/> Monitoring of pericarditis or cardiotoxicity (55133)
<input type="checkbox"/> <b>24-hour Holter monitor</b>	<input type="checkbox"/> Syncope or pre-syncope <input type="checkbox"/> Palpitations, suspected arrhythmia <input type="checkbox"/> Stroke
<input type="checkbox"/> <b>12-lead ECG</b>	<input type="checkbox"/> <b>Cardiac CT coronary angiogram</b> (Specialist consultation will be organised to determine eligibility)

### Referring doctor

Name and provider number

Contact details

Copy report to

Signature and date