



SUNSHINE COAST  
RADIOLOGY

# Echocardiography Radiology Referral

Excellence in Diagnostics

PATIENT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Phone: \_\_\_\_\_

## Radiologists

**Dr Tony Bretherton**  
MBBS, FRANZCR

**Dr James Challen**  
MBBS, FRANZCR

**Dr Anthony Chan**  
MBBS, FRANZCR

**Dr Siavash Es'haghi**  
MB ChB, FRANZCR, EMBA

**Dr Denise Ladwig**  
FRANZCOG DDU

**Dr Rodney Larsen**  
MBBS (Hons), FRANZCR

**Dr Noel Marginson**  
MBBS, FRANZCR

**Dr Paul Reidy**  
MBBS, BAppSC  
(MedImaging), RANZCR

**Dr Nigel Sommerfeld**  
MBBS, FRANZCR

**Dr Pradeep Sonwalkar**  
MBBS, FRANZCR

**Dr Sahm Taheri**  
MBBS, FRANZCR

**Dr Angus Thomas**  
BSc, MBBS, FRANZCR

**Dr Peter Wakefield**  
MBBS, FRANZCR

**Dual Qualified  
Radiologist +  
Nuclear Medicine**

**Dr John Evans**  
MBBS, B Med Sci (Hons),  
FRANZCR Nuclear Medicine  
Specialist

**Dr Mark Sinnamon**  
MBBS, FRANZCR, FAANMS

## Dental Radiology

**Dr Jacqui Dalton**  
BDS, DCLin Dent(UK)

## Contact

☎ 1300 MY SCAN  
1300 697 226

🌐 [scradiology.com.au](http://scradiology.com.au)  
ABN 30 165 867 747

## Transthoracic Echocardiogram (TTE)

### GP and Specialist Referred

☐ 55126 Initial study for investigation (once per 2 years)

☐ 55133 Serial study for investigation

(i) isolated pericardial effusion or pericarditis; or

(ii) Baseline study and has commenced medication for non-cardiac purposes with cardiotoxic side effects.

### Additional imaging (MM3-6 GP only)

☐ 55128 Serial study for known valvular dysfunction.

## Serial TTE(Specialist only)

☐ 55127 Serial study for known valvular dysfunction.

☐ 55129 Serial study for Cardiac Failure and Structural Heart Disease.

☐ 55134 Serial study for Rare Cardiac

Pathologies, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUEST

Clinical Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES

Name: \_\_\_\_\_

Provider number: \_\_\_\_\_

CC: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Urgent Ph: \_\_\_\_\_

☐ Allergies \_\_\_\_\_

Signature

Date

REFERRING DR

Renal Function (the most recent eGFR result): \_\_\_\_\_ Date: \_\_\_\_\_

Diabetic? ☐ No ☐ Yes On Metformin? ☐ No ☐ Yes Metformin may need to be ceased on the examination day.

Reports: ☐ To Patient ☐ Fax ☐ Email ☐ Request for new referral pads

## Medical Imaging Final Check

☐ Patient identification verified

MIT initials: \_\_\_\_\_

☐ Correct side & site verified

☐ Procedure & consent verified



Please Consider  
The Environment  
CHOOSE TO GO FILMLESS

All images are digitally stored  
for future online access  
or printing if required.



ISO 9001

