



Dr Jilani Latona

MBChB, FRACP Cardiologist
Provider number 404181CK



We are a bulk billing clinic

Referral form

Reason for referral

Consultation

Investigation

Consultation and investigation

Patient details

Title	First name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>			
Home phone	Mobile phone		
<input type="text"/>	<input type="text"/>		

Test/s required

<input type="checkbox"/> Transthoracic Echocardiogram	<input type="checkbox"/> 24 Hour BP monitor	<input type="checkbox"/> Exercise Stress Echocardiogram
<input type="checkbox"/> Exercise Stress Test	<input type="checkbox"/> Holter monitor	<input type="checkbox"/> 12-lead Electrocardiogram

Clinical details

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Smoker	<input type="checkbox"/> Family history of CAD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dyslipidemia	
<input type="checkbox"/> Other (please specify) _____		

Referring Doctor

First name	Surname	Provider number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice name	Phone number	Referral date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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