



**CLINICS AT:** Epsom, Milford, Botany Junction, Henderson, St Heliers, Papakura  
**ANGIOGRAPHY, ANGIOPLASTY AND CCU:** Mercy Hospital  
**ECHOCARDIOGRAPHY:** Mercy Hospital and Milford

**ACUTE SERVICE (24HR) 0800 222 411 ~ Medical Professionals Only**  
**FAX 623 2845 or 623 1030**

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|--|--|--|
| <input type="checkbox"/> Dr Nezar Amir       | <input type="checkbox"/> Dr Ivor Gerber    | <input type="checkbox"/> Dr Fiona Stewart  |
| <input type="checkbox"/> Dr Ted Clarke       | <input type="checkbox"/> Dr David Heaven   | <input type="checkbox"/> Dr Jim Stewart    |
| <input type="checkbox"/> Dr Arthur Coverdale | <input type="checkbox"/> Dr Malcolm Legget | <input type="checkbox"/> Dr Ralph Stewart  |
| <input type="checkbox"/> Dr Rob Doughty      | <input type="checkbox"/> Dr Ross Nicholson | <input type="checkbox"/> Dr Tim Sutton     |
| <input type="checkbox"/> Dr Colin Edwards    | <input type="checkbox"/> Dr John Ormiston  | <input type="checkbox"/> Dr Niels Van Pelt |
| <input type="checkbox"/> Dr Chris Ellis      | <input type="checkbox"/> Dr Peter Ruygrok  | <input type="checkbox"/> Dr Cara Wasywich  |
| <input type="checkbox"/> Dr Tom Gentles      | <input type="checkbox"/> Dr Warren Smith   |  |
| <input type="checkbox"/> Dr Ruvyn Gabriel    |  |  |

Patient's Name..... Date of Birth: .....

Address: .....

..... Phone: .....

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Consultation  | <input type="checkbox"/> 24hr ABU              | <input type="checkbox"/> Carotid ultrasound        |
| <input type="checkbox"/> Treadmill     | <input type="checkbox"/> Echocardiogram        | <input type="checkbox"/> Renal Ultrasound          |
| <input type="checkbox"/> Follow up     | <input type="checkbox"/> Stress echocardiogram | <input type="checkbox"/> MRI                       |
| <input type="checkbox"/> ECG (resting) | <input type="checkbox"/> DSE                   | <input type="checkbox"/> Myocardial Perfusion scan |
| <input type="checkbox"/> 24hr Holter   | <input type="checkbox"/> TOE                   |  |

**Clinical Details:**

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Referring Doctor: .....NZMC.....

Medical Centre: .....Date: .....

Address: .....

..... Phone: .....

Email: ..... Fax: .....