



**Dr. Sandeep
Prabhu**

Dr Sandeep Prabhu
Cardiologist and Electrophysiologist
MAIN ROOMS: Bayside Heart
116 Patterson Road,
Bentleigh, VIC, 3204
Phone: 03 9133 9000 Fax: 03 9133 9009
For other locations see below:

Arrhythmia Clinic Referral

Patient details	Name*: DOB*: Best contact number*: Medicare number: Address:
Referring service	<input type="checkbox"/> General Practice Clinic: <input type="checkbox"/> Specialist Physician: <input type="checkbox"/> Other: Referring doctor name*: Referring doctor provider number*:
Reason for referral*	<input type="checkbox"/> Atrial fibrillation (AF) <input type="checkbox"/> Ventricular tachycardia (VT) <input type="checkbox"/> Supraventricular tachycardia (SVT) <input type="checkbox"/> Consideration for cardiac device (Pacemaker, defibrillator, loop recorder): <input type="checkbox"/> Long term cardiac device follow up <input type="checkbox"/> Other (please specify).....
Relevant details:	
Preferred Location Telehealth is available from all locations.	Public: <ul style="list-style-type: none"> • <input type="checkbox"/> Sandringham Arrhythmia Clinic: FAX: 9076 1252 SDMH Hospital, Outpatients Block A, 193 Bluff Rd, Sandringham, 3191 • <input type="checkbox"/> Alfred Arrhythmia Clinic: FAX: 9076 2461 The Heart Centre. 3rd Floor Phillip Block, The Alfred, 55 Commercial Road, Melbourne, VIC, 3004 Private: <ul style="list-style-type: none"> • <input type="checkbox"/> Bayside Heart Bentleigh FAX: 9133 9009 116 Patterson Road, Bentleigh, VIC, 3204 • <input type="checkbox"/> Bayside Heart Oakleigh FAX: 9133 9009 32 Chester Street, Oakleigh, VIC, 3166 • <input type="checkbox"/> Heartscope Arrhythmia Clinic Wheelers Hill: FAX: 8669 4575 G1, 202 Jells Road, Wheelers Hill, VIC, 3150 • <input type="checkbox"/> Bayside Cardiology Group: FAX: 9785 6355 Suite 13, Peninsula Private Hospital, 525 McClelland Drive, Frankston, VIC, 3199 • <input type="checkbox"/> Baw Baw Physicians Group Warragul: Fax: 5622 2859 Consulting Suite 2, West Gippsland Hospital, 41 Landsborough Street, Warragul, VIC, 3820
Interpreter required*?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language (if yes):
Pacemaker or cardiac device present?	<input type="checkbox"/> No <input type="checkbox"/> Yes Device brand: <input type="checkbox"/> Medtronic <input type="checkbox"/> Boston <input type="checkbox"/> Sorin (if known) <input type="checkbox"/> St Jude/Abbott <input type="checkbox"/> Biotronik
Review urgency*	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> Next available