

# Mater Private Heart & Vascular Centre

## 24hr Urgent Cardiac Care

T: 1800 247 999

## Routine Appointments

T: 1800 200 550 F: 01 885 8486

## Complete Cardiac Care

- Extensive Specialist Team
- 24hr Urgent Cardiac Care
- Dedicated Cardiac Cath Labs
- Specialist Arrhythmia Clinics
- Specialist Heart Failure Service
- Structural Heart & Valve Care
- Cardiac Imaging
- Vascular Screening



Ireland's largest group of cardiologists

## Heart & Vascular Care Team

Here to help - *call us*

**Mon - Fri 8am - 8pm**

**Saturday 9am - 5pm**

- Same Day Appointments
- Routine Appointments
- Satellite Cardiology Clinics:  
*Drogheda, Mullingar, Navan, Sligo*
- Satellite Arrhythmia Clinics:  
*Dublin, Drogheda, Mullingar, Navan, Sligo*



T: 1800 200 550

## Specialist Arrhythmia Clinics - Dublin, Drogheda, Mullingar, Navan, Sligo,

- Expert Opinion, Evaluation, Treatment & Management delivered in one single visit
- Consultant Electrophysiologist Assessment
- Relevant Diagnostic Testing (ECG, Echo, Holter)
- Stroke Risk Assessment & Anti-Coagulation
- Coordinated Clinic Appointments

T: 1800 200 550

## 24hr Urgent Cardiac Care - Dublin

**Dedicated Urgent Cardiac Care service led and delivered by specialist cardiologists from the Mater Private Heart & Vascular Centre.**

**24 hours a day / 7 days**

**Walk in or call us for advice on 1800 247 999**

- Active Symptoms
- Access to Timely Triage & Assessment
- Cardiac Nurse Specialist Triage & Support
- Consultant Led Service
- 24hr Cardiac Cath Lab Access

Additional fees may be incurred if extra diagnostic tests are required.



T: 1800 247 999

### Heart & Vascular Centre

Mater Private Hospital  
Eccles Street, Dublin 7  
[www.materprivate.ie](http://www.materprivate.ie)

### Urgent Referrals

24 Hour Service  
T: 1800 247 999

### Routine Referrals

Mon - Fri: 8am - 8pm | Sat: 9am - 5pm  
T: 1800 200 550 | F: 01 885 8486

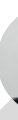
We offer a range of services on a self-pay basis for patients with no health insurance, call us on **1800 80 42 22**

Call us for information on insurance cover including any shortfall waiver or offers: **01 885 8856**

 **Mater  
Private**



# Consultant Cardiology Team



**CONSULTANT:**  
Dr. Gavin Blake

Dr. Usama Boles

Dr. Roger Byrne

Dr. Ivan Casserly

Dr. Pauline Diamond

Prof. David Foley

Dr. Joseph Galvin

**General Cardiology**  
*(Diagnosis, Testing & Medical Optimisation)*

**Coronary Intervention**  
*(Angiogram / Angioplasty)*

**Electrophysiology**  
*(Ablation / Cardiac Rhythm Mapping)*

**Cardiac Rhythm Devices**  
*(ICD / Pacemaker)*

**Heart Failure & Cardiomyopathy**

**Structural Heart & Valve Disease**

**Cardiac Imaging**  
*(CT / MRI)*

**Genetics & Family Screening**

Specialty	Dr. Gavin Blake	Dr. Usama Boles	Dr. Roger Byrne	Dr. Ivan Casserly	Dr. Pauline Diamond	Prof. David Foley	Dr. Joseph Galvin	Dr. J.
General Cardiology	✓	✓	✓	✓	✓	✓	✓	✓
Coronary Intervention	✓			✓	✓	✓	✓	
Electrophysiology		✓					✓	✓
Cardiac Rhythm Devices		✓					✓	✓
Heart Failure & Cardiomyopathy								
Structural Heart & Valve Disease				✓		✓		
Cardiac Imaging			✓					
Genetics & Family Screening							✓	



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**Urgent Referrals**  
24 Hour Service  
T: 1800 247 999

**Routine Referrals**  
Mon - Fri: 8am - 8pm | Sat: 9am - 5pm  
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John Keaney  
 Dr. Edward Keelan  
 Dr. Paul Keelan  
 Prof. Niall Mahon  
 Dr. Hugh McCann  
 Prof. Jim O'Neill  
 Dr. Andrew Roy  
 Prof. Declan Sugrue  
 Dr. Gábor Széplaki  
 Dr. Kevin Walsh

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓		✓
✓								✓	
✓	✓	✓			✓		✓		✓
		✓			✓				
						✓	✓		✓
		✓			✓				
✓		✓			✓				



# Urgent Cardiac Care - Referral Form\*

Urgent Cardiac Care, Mater Private Hospital, Eccles Street, Dublin 7

## Urgent

24hr Service  
1800 247 999

## Routine

Mon - Fri 8am - 8pm Sat 9am - 5pm  
T: 1800 200 550 | F: 01 885 8486

### GENERAL PRACTITIONER DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Referring GP Signature: \_\_\_\_\_

### PATIENT DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Referral: \_\_\_\_\_

### PATIENT HISTORY

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical History / Dates When Previously Symptomatic / Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a recent ECG/ rhythm strip and any of the following information if available:

Cholesterol:	Date Taken: _____	INR:	Date Taken: _____
Glucose:	Date Taken: _____	TFT's:	Date Taken: _____
HbA1C:	Date Taken: _____	Electrolytes:	Date Taken: _____
Hb:	Date Taken: _____	FBC:	Date Taken: _____
ECG:	Date Taken: _____	ECG:	Date Taken: _____
HDL:	Date Taken: _____		
LDL:	Date Taken: _____		
TG:	Date Taken: _____		

\*E-Referral available