

Fax Referrals to: 519-473-2666

Today's Date: _____
 Patient's Name: _____ M F
 Health Card #: _____ D.O.B.: _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____

Referring Physician Name: _____
 Referring Physician Billing #: _____
 Referring Physician Signature: _____
 Clinic Address: _____
 Phone #: _____
 Fax #: _____

Clinical Information

Cardiology Services/Indications (one or more indications must be selected for testing to be booked)

****PLEASE ATTACH CURRENT LIST OF MEDICATIONS OR PROVIDE IN SPACE BELOW ****

CONSULTATION

- First Available Appointment
- Dr. Brown
- Dr. Huq

**ECHOCARDIOGRAM ONLY
(2D Echo and Colour Doppler)**

- Heart Murmurs
- Native Valvular Stenosis
- Native Valvular Regurgitation
- Known or Suspected Mitral Valve Prolapse
- Congenital or Inherited Cardiac Structural Disease
- Prosthetic Heart Valves
- Infective Endocarditis
- Pericardial Disease
- Cardiac Masses
- Interventional Procedures – pre or post
- Pulmonary Diseases
- Chest Pain and Coronary Artery Diseases
- Dyspnea, Edema and Cardiomyopathy
- Hypertension- suspected LV dysfunction or LVH
- Thoracic Aortic Disease
- Neurologic or Other Possible Embolic Events
- Arrhythmias Syncope and Palpitations
- Before Cardioversion
- Suspected Structural Heart Disease

**24 HOUR AMBULATORY BLOOD PRESSURE
MONITOR ONLY (not covered by OHIP) \$80.00**

12 LEAD ECG ONLY available same day with referral

STRESS TEST ONLY

- Exercise clearance
- Arrhythmias
- Multiple risk factors
- Evaluation of suspected or known CAD
- Discharge post-cardiac ischemic event
- Assessment of patient with valvular or structural heart disease

HOLTER MONITORING ONLY

- Abnormal ECG
- Palpitations- unknown etiology
- Syncope
- Post CVA/TIA
- Dyspnea/Chest Pain
- Weakness/Fatigue
- Rule out Afib/Flutter
- Known A-fib
- Atrial Arrhythmias
- Ventricular Arrhythmias
- Medication effect and Control
- Pacemaker