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Fax Referrals to: 519-473-2666 Referring Physician Name: Today's Date: _____ Referring Physician Billing #: _____ Patient's Name: _____ \square M \square F Health Card #: ______ D.O.B.: _____ Referring Physician Signature: Address: Clinic Address: _____ Postal Code: Home Phone: Cell Phone: Fax #: **Clinical Information □ URGENT □ ROUTINE** Cardiology Services/Indications (one or more indications must be selected for testing to be booked) CONSULTATION □ ECHOCARDIOGRAM ☐ With Contrast ☐ First Available Appointment (Cardiology OR Internal Medicine) (2D Echo and Colour Doppler) \square Dr. Huq – Cardiology ☐ Heart Murmurs West5 – 1295 Riverbend Rd, London ON ☐ Native Valvular Stenosis ☐ Dr. Kerr – **Internal Medicine** ☐ Native Valvular Regurgitation Byron – 1240 Commissioners Rd W, London ON ☐ Known or Suspected Mitral Valve Prolapse North London – 302-1055 Fanshawe Park Rd W, London ON ☐ Dr. Dean – **Internal Medicine** ☐ Congenital or Inherited Cardiac Structural Disease ☐ Prosthetic Heart Valves North London – 302-1055 Fanshawe Park Rd W, London ON ☐ Dr. Simsam – **Internal Medicine** ☐ Infective Endocarditis North London – 302-1055 Fanshawe Park Rd W, London ON ☐ Pericardial Disease ☐ Consult if diagnostic abnormal/positive ☐ Cardiac Masses ☐ Interventional Procedures – pre or post 12 LEAD ELECTROCARDIOGRAM (ECG) ☐ Pulmonary Diseases ☐ Chest Pain and Coronary Artery Diseases □ STRESS TEST ☐ Dyspnea, Edema and Cardiomyopathy ☐ Exercise clearance ☐ Hypertension- suspected LV dysfunction or LVH ☐ Arrhythmias ☐ Thoracic Aortic Disease ☐ Multiple risk factors ☐ Neurologic or Other Possible Embolic Events ☐ Evaluation of suspected or know CAD ☐ Arrhythmias Syncope and Palpitations ☐ Discharge post-cardiac ischemic event ☐ Before Cardioversion ☐ Assessment of patient with valvular or structural heart disease ☐ Suspected Structural Heart Disease

\Box HOLTER MONITORING

- ☐ 24-72hr Holter Monitor
- ☐ 7-14 Day Holter Monitor

☐ 24 HOUR AMBULATORY BLOOD PRESSURE MONITOR

ONLY

(\$80 fee, not covered by OHIP)