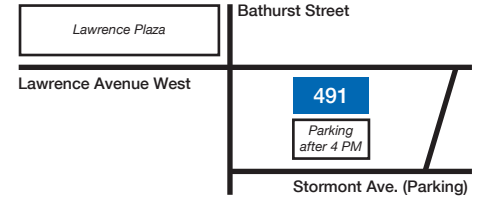


MS Cardiology Services

Patient Information

Last Name _____ First Name _____
 Address _____
 City _____ Postal Code _____
 Phone (Home) _____ Phone (Work) _____
 OHIP # _____ VC _____ DOB _____ Sex M F

491 Lawrence Ave W Suite 500
 Toronto, Ontario M5M 1C7
 Tel **(416) 781-9500**
 Fax **(416) 781-7985**



Physician Information

Referring Physician _____ Ref # _____ Phone _____ Fax _____

Clinical Information / Indications _____

_____ Signature _____ Date _____

Cardiology Consultation

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> First available cardiologist | <input type="checkbox"/> Dr. R. Wald | <input type="checkbox"/> Dr. A. Adler | <input type="checkbox"/> Dr. Z. Sasson |
| <input type="checkbox"/> Dr. _____ | <input type="checkbox"/> Dr. J. Parker | <input type="checkbox"/> Dr. T. Vira | <input type="checkbox"/> Dr. S. Balmain |
| <input type="checkbox"/> Cardiology consultation to review results | <input type="checkbox"/> Dr. J. Gold | <input type="checkbox"/> Dr. S. Rambihar | <input type="checkbox"/> Dr. L. Tobe |
| | <input type="checkbox"/> Dr. Z. Egri | <input type="checkbox"/> Dr. G. Nesbitt | <input type="checkbox"/> Dr. L. Albertini |
| | <input type="checkbox"/> Dr. J.P. Ong | <input type="checkbox"/> Dr. V. Chauhan | <input type="checkbox"/> Dr. D. Spears |

Cardiac Investigations

- | | |
|--|--|
| <input type="checkbox"/> Cardiac Ultrasound (Echocardiography) | <input type="checkbox"/> 12 Lead ECG |
| <input type="checkbox"/> Stress Echocardiography (Treadmill) | <input type="checkbox"/> Holter Monitoring |
| | <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs <input type="checkbox"/> 14 days |
| | <input type="checkbox"/> 24 hour Ambulatory BP Monitoring
(Charged to Patient) |

Nuclear Studies

- Myocardial Perfusion (MIBI) – Treadmill exercise
 Myocardial Perfusion (MIBI) – Persantine infusion

Instructions to Patients

- Bring your health card and all your medications with you.
- Wear comfortable clothing for exercise. Light meal only 2 hours before test.
- Do not consume caffeinated foods or beverages 24 hours prior to nuclear test.
- Continue all your medications unless otherwise instructed by your doctor.
- Patients who do not speak English must be accompanied by an interpreter.

Fax to (416) 781-7985 or give completed form to patient.

Appointment date and time _____ at _____: