MS Cardiology Services

					404 4 14 500		
Patient Information	1				491 Lawrence Ave W Suite 500 Toronto, Ontario M5M 1C7		
Last Name		First Name			Tel (416) 781-9500		
Address				Fax (416) 781-7985			
City		_ Postal Code			■ Bathurst Street		
Phone (Home)		Phone (Work)			Lawrence Plaza		
OHIP #	vc	_ DOB		Sex □ M □ F	Lawrence Avenue West 491 Parking after 4 PM		
Physician Informat	ion				Stormont Ave. (Parking)		
Referring Physician		Ref	#	Phone	Fax		
Clinical Information / Ind	ications						
		Sigr	nature		Date		
Cardiology Consul	tation						
☐ First available ca	rdiologist		Gener	al Cardiology	Hypertension		
• Pre-Op C				p Cardiac Assessm	Cardiac Assessment • Angina/Ischemic Heart Disease • Heart Failure		
• Cardiac F				ac Risk Assessmen naker Clinic	Heart Failure Atrial Fibrillation / Arrythmias		
Cardiac Investigati	ons						
☐ Cardiac Ultrasou	ınd (Echocaı	diography)		☐ 12 Lead E	ECG		
☐ Stress Echocardiography (Treadmill) ☐ Holter					onitoring		
,					□48 hrs □72 hrs □14 days		
Nuclear Studies					•		
☐ Myocordial Porfusion (MIRI) Treadmill eversion					Ambulatory BP Monitoring		
■ Myocardial Perfu	• •			(Criargea	to Patient)		
☐ Resting Ventricul	ar Function	Study (EF by M	UGA)				
Instructions to Pat	ients						
		alia adia wa watat					
Bring your health cardWear comfortable cloth	-	_	nours befo	ore test.			
Do not consume caffeir	nated foods or l	peverages 24 hours	prior to nu	uclear test.			
Continue all your mediePatients who do not sp							

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

Appointment date and time _____ at ____: ____