

Patient Information

Last Name _____ First Name _____

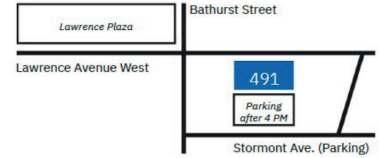
Address _____

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

- | | | | |
|--|---|---|--|
| ☐ First available cardiologist | ☐ Dr. J. Parker | ☐ Dr. A. Adler | ☐ Dr. J. Rajanayagam (Cardiovascular Internist) |
| ☐ Dr. _____ | ☐ Dr. J. Gold | ☐ Dr. T. Vira | ☐ Metabolic Health |
| ☐ Cardiology consultation to review results | ☐ Dr. Z. Egri | ☐ Dr. S. Rambihar | ☐ Nephrology |
| | ☐ Dr. J. P. Ong | ☐ Dr. G. Nesbitt | ☐ Hypertension |
| | ☐ Dr. V. Chauhan | ☐ Dr. L. Albertini | |
| | ☐ Dr. A. Emami | ☐ Dr. D. Spears | |
| | ☐ Dr. L. Tobe | | |

Cardiac Investigation

- | | |
|--|--|
| ☐ Cardiac Ultrasound (Echocardiography) | ☐ 12 Lead ECG |
| ☐ Stress Echocardiography (Treadmill) | ☐ Holter Monitoring |
| ☐ Contrast Echo | ☐ 48 hrs ☐ 72 hrs ☐ 14 days |

Nuclear Studies

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

- ☐ 24 hour Ambulatory BP Monitoring
(Charged to Patient)

Cardiology Consultation

- 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 24hrs 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