

MS Cardiology Services

Patient Information

Last Name _____ First Name _____

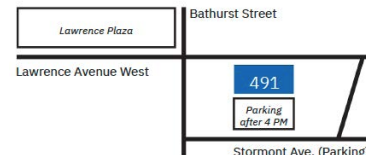
Address _____

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

First available cardiologist	Dr. R. Wald	Dr. A. Adler	Dr. A. Emami
Dr. _____	Dr. J. Parker	Dr. T. Vira	Dr. L. Tobe
Cardiology consultation to review results	Dr. J. Gold	Dr. S. Rambihar	Dr. L. Albertini
	Dr. Z. Egri	Dr. G. Nesbitt	Dr. D. Spears
	Dr. J. P. Ong	Dr. V. Chauhan	

Cardiac Investigation

Cardiac Ultrasound (Echocardiography)	12 Lead ECG
Stress Echocardiography (Treadmill)	Holter Monitoring
	48 hrs 72 hrs 14 days

Nuclear Studies

Myocardial Perfusion (MIBI) - Treadmill exercise	24 hour Ambulatory BP Monitoring
Myocardial Perfusion (MIBI) - Persantine infusion	(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

Appointment date and time _____ at _____ :