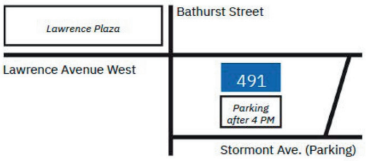
Urgent ☐

MS CARDIOLOGY

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



Patient Information

Last Name _____ **First Name** _____

Address _____

City _____ **Postal Code** _____

Phone (Home) _____ **Phone (Work)** _____

OHIP # _____ **VC** _____ **DOB** _____ **Sex** ☐ **M** ☐ **F**

Physician Information

Referring Physician _____ **Ref #** _____ **Phone** _____ **Fax** _____

Clinical Information/Indications _____

_____

_____

_____ **Signature** _____ **Date** _____

Cardiology Consultation

☐ **First available cardiologist**
☐ **Dr.** _____
☐ **Cardiology consultation to review results**

☐ **Dr. J. Parker**
☐ **Dr. J. Gold**
☐ **Dr. Z. Egri**
☐ **Dr. J. P. Ong**
☐ **Dr. V. Chauhan**
☐ **Dr. A. Emami**
☐ **Dr. L. Tobe**

☐ **Dr. A. Adler**
☐ **Dr. T. Vira**
☐ **Dr. S. Rambihar**
☐ **Dr. G. Nesbitt**
☐ **Dr. L. Albertini**
☐ **Dr. D. Spears**

☐ **Dr. J. Rajanayagam (Cardiovascular Internist)**
- ☐ Metabolic Health
- ☐ Nephrology
- ☐ Hypertension

Cardiac Investigation

☐ Cardiac Ultrasound (Echocardiography)
☐ Stress Echocardiography (Treadmill)
☐ Contrast Echo

Nuclear Studies

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

☐ 12 Lead ECG
☐ Holter Monitoring
☐ **48 hrs** ☐ **72 hrs** ☐ **14 days**

☐ **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