

Please complete this form and fax it to: **1-800-592-7801**
 Cardio Study will contact the patient to schedule an appointment.

PATIENT INFORMATION/ LABEL

First Name _____ Last Name _____
 _____ / _____ / _____
 Telephone _____ Date Of Birthday (dd/mm/yyyy) _____
 Full Address _____
 Health Card Number _____ VC Male Female

PHYSICIAN INFORMATION

Referring Physician _____ Referring Number _____
 Telephone _____ Fax _____
 Signature _____ Date _____ / _____ / _____

CARDIOLOGY SERVICES / COMMON INDICATIONS / CLINICAL INFORMATION

2D ECHO AND COLOUR DOPPLER

- Heart Murmur
- Native Valvular Stenosis
- Native Valvular Regurgitation
- Known or Suspected MVP with MR
- Prosthetic Heart Valve(s)
- Hypertension - Hypertensive Heart Disease
- Dyspnea-CHF - LV Function and RVSP
- Dyspnea-CHF - with preserved EF
- Dyspnea-CHF - with reduced EF
- Pulmonary Disease - RV Function and RVSP
- Chest Pain - CAD
- CAD - Post MI/Intervention
- Aortopathy - Thoracic Aortic Disease
- Pericardial Disease/Effusion
- Cardiac Source of Systemic Emboli
- Arrhythmias - Atrial Fib-Flutter
- Arrhythmias - Syncope/Palpitations

TREADMILL STRESS ECHO

- Screening for CAD - Moderate-High risk for CAD
- Screening for CAD - Chest Pain on the Background of Multiple Coronary risks
- CAD - Follow-up Post Intervention
- CAD - Follow-up on Medical Therapy
- Exertional Dyspnea
- Valvular Stenosis - Exercise Capacity and LV Contractile Reserve
- Valvular Regurgitation - Exercise Capacity and LV Contractile Reserve
- Provocable LVOT Obstruction

12 LEAD ECG

24 HOUR AMBULATORY BLOOD

PRESSURE MONITORING (Not Covered by OHIP)

HOLTER MONITORING

3 DAYS 14 DAYS

- Abnormal ECG (AV Block, Bundle Branch Block)
- Palpitations
- Syncope/Presyncope
- Post CVA/TIA
- Dyspnea/Chest Pain
- Weakness/Fatigue
- Rule Out A-fib/Flutter
- A-fib Rate control
- Atrial Arrhythmia
- Ventricular Arrhythmia
- Medication Effect
- Pacemaker VVI DDD

CARDIOLOGY CONSULT (First Available)

- N. Ali MD FRCPC
- A. Ciofani MD FRCPC
- R. Fernandes MD FRCPC
- G. Maur MD FRCPC
- Z. Sasson MD FRCPC
- S. Tandon MD FRCPC
- T. Vakani MD FRCPC

CLINICAL INFO

CARDIO STUDY LOCATIONS

Cardio Study of Woodbridge
 Columbus Medical Arts Building
 8333 Weston Rd, Suite 401
 Woodbridge, Ontario L4L 8E2
 Tel: 905-264-0022
 Fax: 905-264-0085

Cardio Study of Newmarket
 Trinity Medical Centre
 18120 Yonge St
 Newmarket, Ontario L9N 0J3
 Tel: 905-954-1093
 Fax: 905-954-1094

Cardio Study of Mississauga
 1420 Burnhamthorpe Rd E.
 Suite 330
 Mississauga, Ontario L4X 2Z9
 Tel: 905-232-2988
 Fax: 905-232-7288

Cardio Study of Toronto
 201-343 Wilson Avenue
 Toronto, Ontario M3H 1T1
 Tel: 647-930-2920
 Fax: 647-689-2279

Cardio Study of London
 240 Wharncliffe Rd N, Suite 202
 London, Ontario, N6H 4P2
 Tel: 226-785-0460
 Fax: 226-785-0466

Cardio Study of Hamilton
 236 Parkdale Ave N
 Hamilton, Ontario L8H 5X5
 Tel: 800-706-1134
 Fax: 800-592-7801