

Fax: 905-954-1094

Fax: 905-232-7288

Tel: 1-800-706-1134 Fax: 1-800-592-7801 info@cardiostudy.ca www.cardiostudy.ca

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

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PATIENT INFORMATION/ LABEI		PHYSICIAN INFORMATION	
First Name	Last Name	Referring Physician	Referring Number
Tolophono	Data Of Birthday (dd/mm/yayay)	Tolophono	/ /
Telephone Date Of Birthday (dd/mm/yyyy)		Telephone	Date
Health Card Number	☐ Male VC ☐ Female	 Signature	
Treatill Oute Number	Telliale	Oignature	
CARDIOLOGY SERVICES / CO	MMON INDICATIONS / CLINICA	L INFORMATION	
□ 2D ECHO AND COLOUF □ Heart Murmur □ Native Valvular Stenosis □ Native Valvular Regurgitation □ Known or Suspected MVP with □ Prosthetic Heart Valve(s) □ Hypertension - Hypertensive He □ Dyspnea-CHF - LV Function and □ Dyspnea-CHF - with preserved □ Dyspnea-CHF - with reduced Ef □ Pulmonary Disease - RV Functi □ Chest Pain - CAD □ CAD - Post MI/Intervention □ Aortopathy - Thoracic Aortic Di □ Pericardial Disease/Effusion	Screening for CA Screening for CA of Multiple Coror CAD - Follow-up Exertional Dyspn Exertional Dyspn Valvular Stenosis LV Contractile Re Valvular Regurgit LV Contractile Re Provocable LVOT  12 LEAD ECC sease  24 HOUR AN	D - Moderate-High risk for CAD D - Chest Pain on the Background hary risks Post Intervention on Medical Therapy ea s - Exercise Capacity and eserve ration - Exercise Capacity and eserve Tobstruction  G MBULATORY BLOOD	HOLTER MONITORING  ☐ 3 DAYS ☐ 14 DAYS  ☐ Abnormal ECG (AV Block, Bundle Brunch 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
☐ Cardiac Source of Systemic En ☐ Arrhythmias - Atrial Fib-Flutter ☐ Arrhythmias - Syncope/Palpita	IDOII	MONITORING (Not Covered b	y OHIP)
☐ CARDIOLOGY CONSUL	<b>T</b> (First Available)		
N. Ali MD FRCPC     A. Ciofani MD FRCPC     G. I CLINICAL INFO	Fernandes MD FRCPC • W. McInt Maur MD FRCPC • Z. Oqab I		FRCPC • S. Tandon MD FRCPC • T. Vakani MD FRCPC
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	Cardio Study of Toronto 187 St. Clair Avenue West Toronto, Ontario M4V 1P7 Tel: 647-930-2920 Fax: 647-689-2279  Cardio Study of Mississauga 1420 Burnhamthorpe Rd E.	Cardio Study of Stratford The Jenny Trout Centre 342 Erie St, Suite 108 Stratford, Ontario N5A 2N4 Tel: 226-779-1252 Fax: 226-779-1746  Cardio Study of Welland 545 Niagara Street North	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
18120 Yonge St Newmarket, Ontario L9N 0J3 Tel: 905-954-1093	Suite 330 Mississauga, Ontario L4X 2Z9 Tel: 905-232-2988	Welland, Ontario L3C 1L7 Tel: 289-273-5025 Fax: 289-273-5912	Hamilton, Ontario L8H 5X5 Tel: 800-706-1134 Fax: 800-592-7801