



Toronto Cardiac Care

108-45 Sheppard Ave E
Toronto, ON, M2N 5W9
Tel: (647)797-3084 Fax: (416)544-4886

TorontoCardiaccare.ca

PATIENT INFORMATION				PHYSICIAN INFORMATION			
Last Name:	First Name			Referring Physician:			
Address:				Address:			
Postal Code:	City:	Prov:		Location:	Clinic/Office	ER	Walking Clinic
E-mail:	Health Card #			Phone:	Fax		
DOB:	Age:	Sex	F M	Billing #:	Speciality		
Phone:	Cell			Copy to:	Signature:		
Testing Only							
Cardiac Consultation:		1st Available		Dr. A Kharazi		Dr. M. Sadreddini	
Urgency:	Routine (> 2 wks)		Semi-Urgent (1-2 wks)		Urgent /Rapid Assesment (<72 hrs)		
Indication:	Chest Pain		Shortness of Breath		Palpitations		
	New AF		Syncope/Dizziness		CHF		
	CAD		Valvular Disease		Arrhythmia		
Other Information							
CARDIOLOGY DIAGNOSTIC TESTING							
Exercise <u>Stress</u> Test (GXT)		2D Echocardiography		12-Lead ECG			
Exercise <u>Stress</u> Echo (SE)							
Holter:	48 Hours	72 Hours	1 week	24hr ABPM (\$70 - Non-OHIP)			
NUCLEAR CARDIOLOGY							
Myocardial Perfusion Imaging (MPI)				Ventricular Function			
☐ Exercise SPECT*		Persantine SPECT*		MUGA (with ejection fraction) SPECT*			
All critical findings will be reviewed in consultation							