Toronto Cardiac Care

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

TorontoCardiaccare.ca

PATIENT INFORMATION

Last Name: **First Name**

Address:

Postal Code: **City:** **Prov:** ON

E-mail: **Health Card #**

DOB: **Age:** **Sex** ☐ F ☐ M

Phone: Cell

PHYSICIAN INFORMATION

Referring Physician:

Address:

Location: ☐ Clinic/Office ☐ ER ☐ Walking CLinic

Phone: **Fax**

Billing #: **Speciality**

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 Stress Test (GXT) ☐ 2D Echocardiography ☐ 12-Lead ECG
☐ Exercise Stress Echo (SE)

Holter: ☐ 48 Hours ☐ 72 Hours ☐ 1 week ☐ 24hr ABPM ($70 - Non-OHIP)

NUCLEAR CARDIOLOGY

Myocardial Perfusion Imaging (MPI)

☐ Exercise SPECT* ☐ Persantine SPECT*

Ventricular Function

☐ MUGA (with ejection fraction) SPECT*

All critical findings will be reviewed in consultation