



Cardiology and Internal Medicine Associates

460 Brant St., Suite 201, Burlington, ON L7R 4B6

Tel: 289-745-0051 Fax: 1-888-898-5095

Cardiology Consult Request	
First Available Physician	<input type="checkbox"/>
Dr. Indra Warren	<input type="checkbox"/>
<i>MD, FRCPC</i>	
<i>Internal Medicine, Cardiology</i>	
Dr. Paul Hong	<input type="checkbox"/>
<i>MBChB, FRCPC, MRCP(UK)</i>	
<i>Internal Medicine, Cardiology</i>	
Dr. Waseem Hindieh	<input type="checkbox"/>
<i>MD, FRCPC</i>	
<i>Internal Medicine, Cardiology</i>	
Internal Medicine Consult Request	
Dr. Henry Onyegbule	<input type="checkbox"/>
<i>MBBS, MSc, FRCPC, MRCP(I)</i>	
<i>Internal Medicine, Stroke Medicine</i>	

Patient Information	
Name:	_____
Date of Birth:	_____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	_____ _____
City:	_____ Postal Code: _____
Home Phone:	_____ Cell Phone: _____
OHIP Number:	_____

Urgency Level
<input type="checkbox"/> Urgent (< 1 week) <input type="checkbox"/> Semi-Urgent (1-2 weeks) <input type="checkbox"/> Routine

Reason for Referral / Past Medical Hx / Current Medications
Please attach previous reports, ECGs, Echos, CXRs, and recent bloodwork along with requisition

Cardiology Testing
<input type="checkbox"/> 12-Lead ECG
<input type="checkbox"/> Exercise Stress Test (GXT)
<input type="checkbox"/> Adult Echocardiogram (TTE)
<input type="checkbox"/> Adult Stress Echocardiogram
Continuous ECG Monitor / Patch Holter Monitor:
<input type="checkbox"/> 48-hr <input type="checkbox"/> 7-day
<input type="checkbox"/> 72-hr <input type="checkbox"/> 14-day
<input type="checkbox"/> 24-HR Ambulatory BP Monitor *not covered by OHIP - \$60.00 fee*
<input type="checkbox"/> Consult if abnormal test results

Referring Physician
Name: _____
Address: _____
Phone #: _____ Fax #: _____
Signature: _____ Billing #: _____
CC: _____ Date of Referral: _____

For additional information and patient instructions, please visit www.medisen.ca or call 289-745-0051