



Cardiology and Internal Medicine Associates

460 Brant St., Suite 201, Burlington, ON L7R 4B6
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720 Guelph Line, Suite 303, Burlington, ON L7R 4E2
Tel: 905-333-3300 Fax: 905-333-9793

Cardiology Consult Request	Patient Information
First Available Physician <input type="checkbox"/> <u>Brant Street Location</u> Dr. Indra Warren <input type="checkbox"/> <i>MD, FRCPC</i> Dr. Paul Hong <input type="checkbox"/> <i>MBChB, FRCPC, MRCP(UK)</i> Dr. Waseem Hindieh <input type="checkbox"/> <i>MD, FRCPC</i> Dr. Mina Girgis <input type="checkbox"/> <i>MD, FRCPC</i> <u>Guelph Line Location</u> Dr. Phillipe Beaudry <input type="checkbox"/> <i>MD, FRCPC, FACC, FASE</i>	Name: _____ Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ OHIP Number: _____ Version code: _____
	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	Cardiology Testing
Please attach previous imaging reports, ECGs, and most recent bloodwork with requisition	<input type="checkbox"/> 12-Lead ECG <input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Adult Echocardiogram (TTE) <input type="checkbox"/> with Contrast <input type="checkbox"/> Adult Stress Echocardiogram <input type="checkbox"/> with Contrast 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 our clinics