



Cardiology and Diagnostics Clinics

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2065 Finch Ave. West, Suite 212, Toronto, ON M3N 2V7

Tel: 647-368-6282 Fax: 1-866-791-3145

www.101medical.ca



Affiliation with OMR Cardiology Clinic

Patient Name _____

D.O.B _____ F M Weight _____

Patient Phone _____

OHIP# _____ VC _____

Please fax referral to 1-866-791-3145

Appointment Date _____

Time _____

Steeles Clinic Finch Clinic

Please see below for patient instructions

Check if applicable **STAT**

CARDIOLOGY

12-LEAD ELECTROCARDIOGRAM (REST ECG)

ECHOCARDIOGRAM (COLOUR DOPPLER)

Please select one of the following indications:

Chest pain suspicious of CAD Murmur

Congestive heart failure Hypertension

Palpitations / arrhythmias Syncope

Other _____

STRESS ECHOCARDIOGRAM

Please select one of the following indications:

Coronary artery disease

Prognosis and risk stratification in patients with established diagnosis

Preoperative risk assessment

Evaluation of cardiac etiology of exertional dyspnea

Evaluation after revascularization

Ischemia location

Evaluation of heart valve stenosis severity

EXERCISE STRESS TEST (GXT)

Please select one of the following indications:

Evaluation of chest pain/dyspnea

Prognosis and risk stratification in patients with established diagnosis

Assessment of antianginal therapy

Other _____

HOLTER MONITOR

24 Hours 1 Week

48 Hours 2 Weeks

72 Hours _____ Hours / Weeks / Months

24 HR BP Monitor (\$80.00 fee required)

48 HR BP Monitor (\$120.00 fee required)

CARDIOLOGY CONSULTATION

CONSULTATION REQUESTED

URGENT CONSULTATION REQUESTED

CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL

PATIENT PREPARATION AND INSTRUCTIONS

- A valid health card must be shown at every visit.
- A signed requisition by a physician is mandatory for all exams.
- A minimum 24 hours Notice is required for any cancellations.

EXERCISE STRESS TEST / STRESS ECHOCARDIOGRAM

- Wear soft sole shoes and comfortable clothing.
- Please bring a list of your current medications.
- Patients are required to discontinue use of Beta Blocker therapy 48 hours prior to testing if clinically feasible. Please consult your family physician.

HOLTER MONITORING

Please do not put any cream/lotion on your chest. Wear loose comfortable clothing. Bring your current list of medications.

BLOOD PRESSURE MONITORING

Please wear blouse/shirt with short or loose fitting sleeves. Bring your current list of medications.

Languages spoken in the office: English, Russian, Filipino, Persian, Arabic, Assyrian, Hindi, Urdu, and Punjabi

CLINICAL INFORMATION

Referring Physician: _____ Print Name _____ Signature _____ Fax #: _____

Copy To: _____ Print Name _____ Fax #: _____