



THE HEALTHY WAY
MEDICAL DIAGNOSTIC CENTRE

THE HEALTHY WAY
MEDICAL DIAGNOSTIC CENTRE (CARDIOLOGY)
 thehealthywaymdc@yahoo.ca
 www.cardiologydiagnostics.ca

Main Line: 416-667-8498 ext. 1
 Fax: 416-667-0334

Accredited by:



Patient Name: _____

Date of Birth: ____ / ____ / ____ Phone: _____

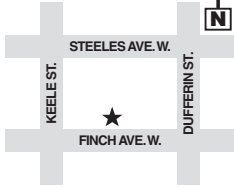
HEALTH CARD #: _____ VERSION CODE _____

CARDIOLOGIST

Dr. Ali Kuny Kilany
 Dr. Esam Elbarasi
 Dr. S.K. Mukherjee
 Dr. Wael Abuzeid
 Dr. Natalie Gomperts
 Dr. Adriana Luk
 Dr. Tasnim Vira
 First Available

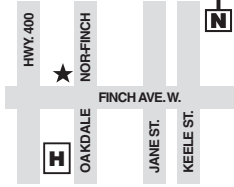
HEAD OFFICE TORONTO

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 Toronto, ON M3J 3H7
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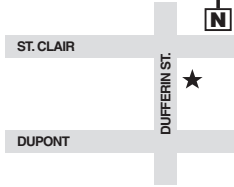
DOWNSVIEW

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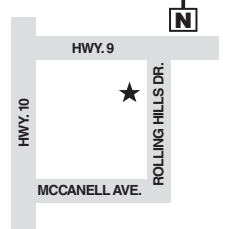
TORONTO

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ORANGEVILLE

6-50 Rolling Hills Drive
 Orangeville, ON L9W 6T6
 Tel: 519-307-8800
 Fax: 519-307-8810



CARDIAC TESTING

2D Colour Doppler Echocardiography (ECHO)
 Treadmill Stress Echocardiogram (Stress Echo)
 Graded Exercise Test (GXT)
 Cardiac Event Loop Recorder (ELR)
 Holter Monitor 48 hr. 72 hr.
 14 Days 30 Days
 Electrocardiogram (ECG)
 Ambulatory Blood Pressure Monitor (ABPM)*
 *Not covered by OHIP

CARDIOLOGY CONSULTATION

URGENT (1-2 WEEKS)
 SEMI-URGENT (2-4 WEEKS)
 CONSULTATION IF ABNORMAL TEST

INDICATIONS

Palpitations/arrhythmia
 Stroke/TIA/Cardiac Source of Embolus
 Cardiac Murmur/Valvular heart disease
 Shortness of breath
 Chest pain/known coronary artery disease
 Hypertension/Hypertensive heart disease
 Syncope/Recurrent presyncope
 Intermediate to high global CAD risk based on Framingham risk score
 Significant family history of coronary artery disease
 Assess functional capacity prior to structured exercise program (GXT)

Other _____

REASON FOR REFERRAL _____

FOR REFERRING PHYSICIANS

- Please send updated medications list.
- Please send latest lab results.
- Please send relevant cardiac testing done prior.

Send Copies To: _____

Physician's Signature: _____

Physician's Fax: _____

FOR PATIENTS

- Non-English speaking patients, please bring a translator to your appointment.



THE
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INSTRUCTIONS

Please arrive 10 minutes prior to your appointment time

- Bring your referral form for cardiac test.
- Bring your valid health card.
- Please provide us with 48 hours notice for cancellation.
- Please bring a complete list of your medications to all tests.

ECG

Checks electrical activity of the heart.

Duration: 5 - 10 minutes

2D Colour Doppler Echocardiography

Utilizes ultrasound waves to study the heart.

Duration: 30 - 45 minutes

Stress Exercise Test

Involves walking and/or running on the treadmill.

Please wear comfortable shoes.

Do not eat 2 hours before test.

Women: a two-piece outfit is best. No dresses.

Duration: 30 minutes

Stress Echocardiogram

Similar to exercise stress.

Addition of 2D Echo before and after exercise.

Involves walking and/or running on the treadmill.

Please wear comfortable shoes.

Women: a two-piece outfit is best. No dresses.

Duration: 1 hour

Holter Monitor

Records cardiac activity for 24, 48 or 72 hours.

No shower during the Holter is on.

Cardiac Loop Event Recorder

Records cardiac activity for one to two weeks.