



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
- First Available

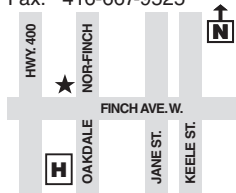
**HEAD OFFICE TORONTO**

#105 - 1120 Finch Ave.W.  
Toronto, ON M3J 3H7  
Tel: 416-667-8498 ext.1  
Fax: 416-667-0334



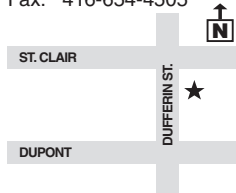
**DOWNSVIEW**

#108 - 2100 Finch Ave.W.  
Downsview, ON M3N 2Z9  
Tel: 416-667-9598  
Fax: 416-667-9525



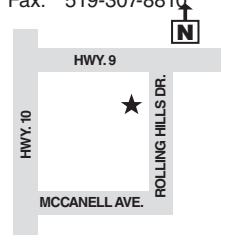
**TORONTO**

#103 - 1615 Dufferin St.  
Toronto, ON M6H 4H4  
Tel: 647-477-2294  
Fax: 416-654-4505



**ORANGEVILLE**

6-50 Rolling Hills Drive  
Orangeville, ON L9W 4W2  
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 Loop Event Recorder (LER)
- Holter Monitor  48 hr.  72 hr.  
24 hr. also available
- 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**

REASON FOR REFERRAL \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_



## 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.