



PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ VERSION CODE \_\_\_\_\_

**CARDIOLOGISTS**

- Dr. Ali Kuny Kilany
- Dr. S.K. Mukherjee
- Dr. Natalie Gomperts
- Dr. Tasnim Vira
- Dr. Sudip Datta
- Dr. Khaled Shelig
- Dr. Syed Hussaini
- Dr. Damian Redfearn
- Dr. John Bisleri (Cardiac Surgeon St. Michael's Hospital)
- Dr. Wael Elabbassi
- Dr. Wael Abuzeid

**INTERNAL MEDICINE**

- Dr. Omar Rodwan
- Dr. Abdurahman Emsalem
- First Available

**CARDIAC TESTING**

- 2D Colour Doppler Echocardiography (ECHO)  **With Contrast**
- Treadmill Stress Echocardiogram (Stress Echo)  **With Contrast**
- Echocardiogram  **With Saline "Bubble Study"** (To assess for inter-atrial shunt (PFO/ASD))
- Graded Exercise Test (GXT)
- Holter Monitor  48 hr.  72 hr.  7 Days  14 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**

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

**NUCLEAR CARDIOLOGY \*\*DR. DATTA TO READ\*\* NEW (Only at Maple Location)**

- Myocardial Perfusion with Tc99m
  - Treadmill/Bike
  - Persantine
- MUGA Scan with Tc99m  Viability Study with Thallium

**VASCULAR STUDIES (Only at Maple Location)**

- Stroke Risk Assessment NEW**
  - Carotid Doppler Ultrasound
  - Echocardiogram
  - Holter 72hrs Holter
  - Consultation

- Heart failure/Edema Assessment NEW**
  - Chest X-ray
  - Echocardiogram
  - Peripheral Arterial Doppler
  - Peripheral Venous Doppler
  - Consultation

- Suspected DVT/ PE assessment NEW**
  - Peripheral Arterial Doppler
  - Peripheral Venous Doppler
  - Echocardiogram
  - Consultation

**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.

**FOR PATIENTS**

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

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.

## Nuclear Cardiology

No caffeine for 24 hours (no coffee, tea, coke, chocolate)

No beta-blocker medication for 24 hours ex. Metoprolol, Bisoprolol, Propranolol

No erectile dysfunction medications for 72 hours

Please wear comfortable clothes and shoes suitable for exercise

## LOCATIONS

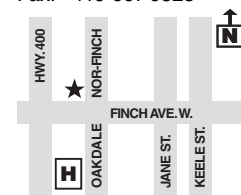
### HEAD OFFICE TORONTO

#106 - 1120 Finch Ave.W.  
Toronto, ON M3J 3H7  
Tel: 416-667-8498 ext.1  
Fax: 416-667-0334



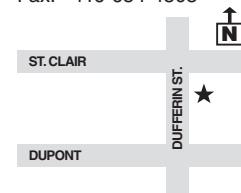
### DOWNSVIEW

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



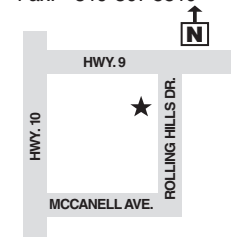
### TORONTO

#103 - 1615 Dufferin St.  
Toronto, ON M6H 4H4  
Tel: 416-654-6019  
Fax: 416-654-4505



### ORANGEVILLE

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



### MAPLE

191 Mcnaughton Rd., Suite 407  
Maple, ON L6A 4E2  
Tel: 416-667-8498 ext.1  
Fax: 416-667-0334

