



THE HEALTHY WAY
MEDICAL DIAGNOSTIC CENTRE



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

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

Accredited by:

CorHealth Ontario

PATIENT NAME: _____

DATE OF BIRTH: ____ / ____ / ____ / PHONE: _____

ADDRESS: _____

HEALTH CARD #: _____ VERSION CODE _____

CARDIOLOGIST

Dr. Ali Kuny Kilany
 Dr. S.K. Mukherjee
 Dr. Wael Abuzeid
 Dr. Natalie Gomperts
 Dr. Tasnim Vira
 Dr. Sudip Datta
 Dr. Behzad Etemadi
 Dr. Khaled Shelig
 Dr. Syed Hussaini
 Dr. Omar Rodwan
 First Available

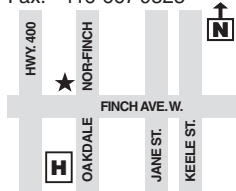
HEAD OFFICE TORONTO

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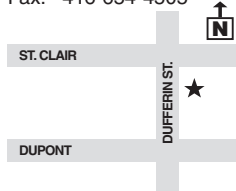
DOWNSVIEW

#108 - 2100 Finch Ave.W.
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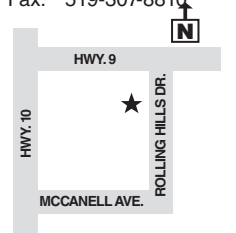
TORONTO

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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)
 With Contrast
- Treadmill Stress Echocardiogram (Stress Echo)
 With Contrast
- 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**

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: _____

FOR PATIENTS

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

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.