TDS CARDIOLOGY is now WELL Health | DIAGNOSTIC CENTRES

Cardiology Requisition

Consultation & Comprehensive Cardiac Diagnostics

TEL: 416-494-0030 **FAX: 1-800-341-9514**

Affiliate Physicians: Dr. A. Cheng Dr. B. Lubelsky Dr. R. Rose Dr. P. Myron Dr. E. Teitelbaum Dr. K. Kwok

1 Patient Information

Patient Name | **Date of Birth (DD / MM / YYYY)** | **Sex**

Street Address | **City** | **Postal Code**

Telephone | **Health Card Number** | **Version Code**

2 Cardiology Consultation

Select one if requesting a consultation

☐ First Available ☐ Preferred Cardiologist:

☐ Consult if Test Result is Positive/Abnormal

Indication for Cardiac Consultation/Testing:

Referral Priority: ☐ Urgent (< 2 weeks) ☐ Priority (2-4 weeks) ☐ Urgent (Routine > 4 weeks)

3 Cardiology Tests

Select all requested studies

EXERCISE & NUCLEAR STRESS

- ☐ Graded Exercise Stress Test
- ☐ Stress Myocardial Perfusion (S-MPI)
- ☐ Persantine Myocardial Perfusion (P-MPI)
- ☐ Dobutamine
- ☐ Rest Ventricular Function (Rest MUGA)

ECHOCARDIOGRAPHY

- ☐ Complete Echo / Doppler
- ☐ Stress Echocardiogram
- ☐ Contrast Echo / Doppler
- ☐ Contrast Stress Echo

Indication(s)

- ○ Chest pain suspicious of CAD
- ○ Congestive Heart Failure
- ○ Hypertension
- ○ Murmur
- ○ Palpitations/Arrhythmias
- ○ Syncope
- ○ Other: _____

AMBULATORY MONITORING

Holter Duration:

- ☐ 24 hours ☐ 7 days
- ☐ 48 hours ☐ 14 days
- ☐ 72 hours ☐ 28 days

☐ Ambulatory BP Monitor **($80.00 fee)**

4 Referring Physician

Physician Name | **OHIP Billing Number**

Office Address / Postal Code

Telephone | **Fax**

Physician Signature | **Date**

Copy Reports To

Cancellations require 48 hours advance notice.

North York Medical Arts Building
1333 Sheppard Ave E, Suite 125
Toronto, ON M2J 1V1

Appointment Date | **Time**

www.welldiagnostics.ca/refer