



**Capital Cardiology**  
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[www.capitalcardiology.ca](http://www.capitalcardiology.ca)

<b>Patient's Name:</b>	<b>Referring Physician:</b>	Urgent (<2 week)  Routine (>2 weeks)
DOB:		
Phone Number 1:	OHIP billing number:	
Phone Number 2:		
OHIP:	Signature:	
Address:		

REFERRAL REQUESTED FOR:			
Consultation:	First available	Dr Hafez, Cardiologist	Dr. Rizk, Cardiologist
Cardiac Testing:	Echocardiogram		
	Exercise Stress Echo		
	Holter monitor	Holter monitor 14 days	
	Ambulatory Blood pressure monitor: (\$100) <small>Not covered by OHIP, most insurance plans will cover the cost.</small>		

INDICATION:				
Chest pain	Palpitations	Shortness of breath	Heart failure	Family history
Murmur	Syncope	Valve disease	Coronary artery disease	
Other:				

PAST MEDICAL HISTORY:		
DM	HTN	CHF
CAD	Dyslipidemia	
Other:		

MEDICATIONS:

