



Capital Cardiology
 2 Gurdwara Rd, Suite 602
 Ottawa, K2E 1A2
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Patient's Name:	Referring Physician:	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	Dr. O'Brien	Dr. Rizk
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:

