

Capital Cardiology 2 Gurdwara Rd, Suite 602 Ottawa, K2E 1A2 Tel: 613-714-9855 Fax: 613-714-9857 www.capitalcardiology.ca

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

REFERRAL REQUESTED FOR:						
Consultation:	First available	Dr Hafez, Cardiologist	Dr. Rizk, Cardiologist			
Cardiac Testing:	Echocardiogram					
	Exercise stress t	Exercise stress test (treadmill)				
	Holter monitor	Holter monito	lter monitor 7 days			
	Ambulatory Bloo	d pressure monitor: (\$ 75)	Not covered by OHIP, most insurance plans will cover the cost.			

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



For testing instruction please visit our website www.capitalcardiology.ca