

208 Hill Street, Unit #9 Corunna , Ontario N0N 1G0

Phone: 519-977-6643 Fax: 519-915-6326

PATIENT INFORMATION REFERRING PHYSICIAN INFORMATION Name: MD Name/Signature: Healthcard #: Version Code: MD Billing number: Date: Primary Phone #: DOB: Phone #: Secondary Phone #: Fax #: **URGENCY ROUTINE SEMI-URGENT URGENT TESTING** CARDIOLOGY / OTHER **ECHOCARDIOGRAPHY** Holter: 24-72 hr 7-14 day 2D Echocardiogram 24 hr ABPM (\$35notcoveredbyOHIP) EKG/Electrocardiography If diagnostic test is abnormal, please automatically arrange for Cardiology Consultation. **INDICATIONS** Dyspnea/Edema Palpitations/Arrhythmia Chest Pain |Murmur/Valvular Regurgitation Screening/DM/HTN/HPL CHF Other: PHYSICIAN ASSESSMENT AND CONSULTATION (VIRTUAL) Dr. Dakshina Murthy Dr. Rachel Wamboldt Next Available

Please fax this form to 519-915-6326



Your reliable partner in every patient's heart health journey!



Your doctor has referred you to Capture Health
You will receive a call with your appointment date and time.

Date ______ Time ______

Reminder: Please bring a complete list of medications with you at time of testing.

DIAGNOSTIC TEST PREPARATION ADDRESS ECHOCARDIOGRAM (ECHO) Time: approximately 45 - 60 minutes. Corunna PREP: 208HillStreet, Unit #9 • Do not rub any creams or lotion on your chest Corunna, ONN ON 1G0 Major crossroads: Hill Street/ Lyndoch prior to appointment. Phone: 519-977-6643 HOLTER MONITOR/ELECTROCARDIOGRAM (EKG) Fax: 519-915-6326 Time: approximately 15 minutes PREP: • Do not rub any creams or lotion on your chest prior to appointment. **BLOOD PRESSURE MONITOR** Time: approximately 15 minutes. • You willnotbeabletoshowerwhile wearing this monitor. • Wear comfortable clothing. Fee: \$35 charge (Some insurance companies will reimburse a portion, or all of the charge, as it is not covered by OHIP.) **CARDIAC CONSULT** Time: approximately 15-30 minutes