



ACE CARDIOLOGY

for a complete heart care

Hours of Operation:
Monday to Saturday 9am to 5pm
Sunday - By Appointment only
www.acecardiology.com

For Appointments: (416) 747 - 9090 Fax: 1-866-220-8772 or 1-855-226-6475

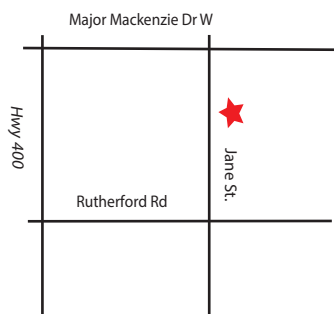
PATIENT INFORMATION

Name: _____ ☐ Female ☐ Male
Address: _____
DOB: _____ Phone: _____
OHIP#: _____ V.R Code: _____

LOCATIONS

Vaughan

☐ 1-9671 Jane Street
Maple, ON L6A 3X5
Phone: (416) 747-9090



Toronto

☐ 1780 Albion Rd. Unit 6
Etobicoke, ON M9V 1C1
Phone: (416) 747-9090



CARDIOLOGIST

- ☐ Dr. A. Gupta
Interventional
Cardiologist
- ☐ Dr. Kamran Ahmad
MD. Cardiologist
(Electro Physiology Studies)
- ☐ Dr. A. Crystal
MD. Cardiologist
- ☐ Dr. S. Senthilnathan
MD. Cardiologist (Pediatric)
- ☐ Dr. A. Pourdowlat
MD. Cardiologist

CLINICAL INDICATIONS

- ☐ Chest Pain
- ☐ Pace Maker or AICD
- ☐ Palpitations, Arrhythmia
- ☐ Syncope, Dizziness
- ☐ Pulmonary Disease
- ☐ Dyspnea
(Shortness Of Breath)
- ☐ Valvular Prolapse or Regurgitation
- ☐ Prosthetic Heart Valves
- ☐ Cardiac Masses or Clots
- ☐ Hypertension Diabetes or Dyslipidemia
- ☐ Evaluation of Heart Murmur
- ☐ Cardiomyopathy, Hypertensive Heart Disease
- ☐ Family History of Coronary
Artery Disease, CABG or PTCA

CONSULT

- ☐ Consultation Needed
- ☐ Elective
- ☐ Consult, if test
results are
positive/abnormal

CARDIOLOGY PROCEDURES

- ☐ Pediatric Echo
- ☐ Adult Echo
- ☐ Stress Echo
- ☐ Stress Test
- ☐ 12 Lead ECG
- ☐ Event Loop Recorder (ELR)
- ☐ 48 hrs Holter Monitor
- ☐ 14 Days Holter Monitor
- ☐ 24 hrs ABPM Monitor (\$50)

REASON FOR REFERRAL

REFERRING PHYSICIAN INFORMATION

Referring Physician: _____
Billing # _____ Date: _____
Referring Physician Signature: _____

INSTRUCTIONS

No special preparation is required for ECG, Holter and Echo Cardiography.
For Stress test and Stress Echo - Please wear comfortable clothes and bring running shoes.
Please bring all your medications or a complete list of medications for consultation.