



**Ajax Site:**  
102-300 Rossland Rd E,  
Ajax, ON, L1Z 0M1  
Tel: 905.426.3111  
Fax: 905.426.7138

**Oshawa Site:**  
3-475 Bond St W,  
Oshawa, ON, L1J 2M2  
Tel: 905.447.6528  
Fax: 905.225.6528

**Bowmanville Site:**  
2200-222 King St. E  
Bowmanville, ON, L1C 1P6  
Tel: 905.240.9509  
Fax: 289. 731.2044

DurhamCardiology.ca

PATIENT INFORMATION	PHYSICIAN INFORMATION
Last Name: _____ First Name: _____	Referring Physician: _____
Address: _____	Address: _____
City: _____ Prov.: _____ Postal Code: _____	Phone: _____ Fax: _____
Phone: _____ Cell: _____	Billing #: _____
E-mail: _____ DOB: _____ Age: _____	Copy to: _____
Health Card #: _____ Gender: _____	Signature: _____

**Testing Only**

**Cardiac Consultation:**  1st Available  Dr. B. Ayach  Dr. M. Bokhari  Dr. V. Garg  
 Dr. A. Kharazi  Dr. P. Khatri  Dr. M. Mumtaz  Dr. N. Saukila

**Cardiac Surgery Consultation:**  Dr. G. Bisleri  Dr. C. Tarola

**Urgency:**  Routine (4+ wks)  Semi-Urgent (2-4 wks)  Urgent /Chest Pain (< 2 wks)

**Indication:**  Chest Pain  Shortness of Breath  Arrhythmia  
 CAD  Syncope/Dizziness  CHF  
 Murmur  Valvular Disease  Stroke

Other Information: \_\_\_\_\_  
\_\_\_\_\_

**CARDIOLOGY DIAGNOSTIC TESTING**

Exercise Stress Test (GXT)  2D Echocardiogram (TTE)  12-Lead ECG  
 Exercise Stress Echo\*  Pediatric Echo (TTE)  Transesophageal Echo (TEE)\*

**CARDIOLOGY MONITORING**

**Holter:**  48 hrs  72 hrs  7Days

**NUCLEAR CARDIOLOGY**

**Myocardial Perfusion Imaging (MPI)**

**Ventricular Function**

Exercise SPECT\*  Persantine SPECT\*  MUGA (with ejection fraction) SPECT\*

Please indicate: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

All critical findings will be reviewed in consultation / \* At Lakeridge Health or affiliated centres