



Durham
Cardiology

DurhamCardiology.ca

- ☐ **Ajax:** 102-300 Rossland Rd E, Ajax, ON, L1Z 0M1
Tel: 905.426.3111 Fax: 905.426.7138
- ☐ **Whitby/Brooklin:** 4-5540 Baldwin St S, Whitby, ON, L1M 0M5
Tel: 905.901.0440 Fax: 905.225.6528
- ☐ **Oshawa:** 3-475 Bond St W, Oshawa, ON, L1J 2M2
Tel: 905.447.6528 Fax: 905.225.6528
- ☐ **Bowmanville:** 2200-222 King St. E Bowmanville, ON, L1C 1P6
Tel: 905.240.9509 Fax: 289.731.2044

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. V. Garg
☐ Dr. A. Kharazi ☐ Dr. P. Khatri ☐ Dr. M. Mumtaz

Internal Medicine: ☐ 1st Available ☐ Dr. N. Saukila ☐ Dr. U. Shafique

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

Urgency: ☐ Routine (4+ wks) ☐ Semi-Urgent (1-4 wks) ☐ Urgent /Rapid Assesment (<72 hrs)

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 ☐ 24hr ABPM (\$60 - Non-OHIP)

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