



9401 Jane Street Suite 117, Vaughan, Ontario L6A 4H7  
Tel. 289.963.2273 Fax. 905.303.0052  
Email: info@yorkcardiology.ca  
www.yorkcardiology.ca

Patient First Name \_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
OHIP # \_\_\_\_\_

Last Name \_\_\_\_\_  
DOB (MM/DD/YY) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**CONSULTATION (please provide clinical history below)**

- With Dr. Weinstock
- With Dr. Pasha                      OR                       First Available
- With Dr. Kaplin
- URGENT

Please forward prior cardiology records, recent blood work, and any other relevant documents.

**TESTING REQUESTED**

- Echocardiogram  with contrast
- Treadmill Exercise Tolerance Test
- Stress Echocardiogram  with contrast
- 12-lead ECG
- 24-hour Ambulatory BP Monitor (\$80)
- 24-hour Holter Monitor
- 48-hour Holter Monitor
- 72-hour Holter Monitor
- 14-day Holter Monitor
- 14-day Event Loop Recorder (ELR)

Indication (mandatory) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  PLEASE ARRANGE CONSULTATION IF ABNORMAL

**NUCLEAR IMAGING (arranged offsite)                      VASCULAR (arranged offsite)**

- Treadmill Stress Perfusion Imaging
- Vasodialator Perfusion Imaging (with Persantine)
- Rest MUGA (for EF assessment)

- Bilateral Carotid Duplex Imaging
- Arterial Duplex
  - Upper Extremities (B) (R) (L)
  - Lower Extremities (B) (R) (L)
  - Abdominal Aorta Only
- Venous Duplex
  - Upper Extremities (B) (R) (L)
  - Lower Extremities (B) (R) (L)
- Bilateral Renal Artery Duplex

Patient Height \_\_\_\_\_  
Weight \_\_\_\_\_

Indication (mandatory) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLINICAL HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring MD \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing # \_\_\_\_\_  
Physician Signature \_\_\_\_\_