



Horizons Cardiopulmonary Diagnostics
201–1260 Baltzan Blvd, Saskatoon, SK S7W 1E8
Phone: 306-518-9081 Fax: 306-518-9080

ECHOCARDIOGRAM REFERRAL FORM

Patient Name:	
Date of Birth (DD/MM/YYYY):	
Health Card Number:	
Referring Physician:	
Referring Clinic / Contact:	
Urgency (circle):	Routine Semi-Urgent Urgent
Clinical Question / Indication:	
Relevant Cardiac History:	
Previous Echo (date/location):	
Preferred Contact Number:	

Referring Physician Signature: _____ Date: _____