

MS Cardiology Services

Patient Information

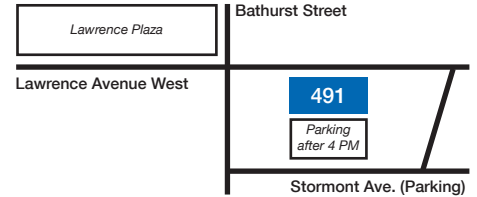
Last Name _____ First Name _____
Address _____
City _____ Postal Code _____
Phone (Home) _____ Phone (Work) _____
OHIP # _____ VC _____ DOB _____ Sex M F

491 Lawrence Ave W Suite 500

Toronto, Ontario M5M 1C7

TEL (416) 781-9500

FAX (416) 781-7985



Physician Information

Referring Physician _____ Ref # _____ Phone _____ Fax _____

Clinical Information/Indications _____

Signature _____ Date _____

Cardiology Consultation

- First available cardiologist
- Dr. _____
- Cardiology consultation to review results
- General Cardiology
- Pre-Op Cardiac Assessment
- Cardiac Risk Assessment
- Pacemaker Clinic
- Hypertension
- Angina/Ischemic Heart Disease
- Heart Failure/Dyspnea
- Atrial Fibrillation/Arrhythmias

Cardiac Investigations

- Cardiac Ultrasound (Echocardiography)*
- Stress Echocardiography (Treadmill)*
- Treadmill Exercise Test (No imaging, requires ECG)
- 12 Lead ECG
- Holter Monitoring
 - 24 hrs 48 hrs 72 hrs 14 days
- Loop Monitoring
- 24 hour Ambulatory BP Monitoring (Charged to Patient)

Nuclear Studies

- Myocardial Perfusion (MIBI) – Treadmill exercise
- Myocardial Perfusion (MIBI) – Persantine infusion
- Resting Ventricular Function Study (EF by MUGA)
- * Contrast Echo if indicated

Instructions to Patients

- Bring your health card and all your medications with you.
- Wear comfortable clothing for exercise. Light meal only 2 hours before test.
- Do not consume caffeinated foods or beverages 24 hours prior to nuclear test.
- Continue all your medications unless otherwise instructed by your doctor.
- Patients who do not speak English must be accompanied by an interpreter.

Fax to (416) 781-7985 or give completed form to patient.

Appointment date and time _____ at _____:_____