MILTON CARDIAC CARE

2800 High Point Dr Suite 216
Milton ON L9T 6P4
Tel: 905.878.9805 Fax: 905.878.6358

# Cardiology Consultation and Diagnostic Requisition

Patient Name: _____

HCN: _____Gender: _____

D.O.B: _____

Home: _____ Cell: _____

Address:_____

Email:_____

Referring Physician: _____

Address: _____

Tel: _____ Fax: _____

Billing #: _____

Family Dr: _____

Signature: _____

## DIAGNOSTIC TESTING

☐ Exercise Stress Test
☐ Stress Echocardiogram ☐ Contrast
☐ Echocardiogram
☐ Ambulatory Blood Pressure Monitor ($84.75 Fee)
☐ ECG (Walk In)

☐ Holter Monitor:
- ☐ 24 Hour
- ☐ 48 Hour
- ☐ 72 Hour
- ☐ 7 Day
- ☐ 14 Day

## CARDIOLOGY CONSULTATION

☐ Urgent Consultation (If needed within 2 weeks, please state reason for urgency) ☐ Consultation

| Study Indication | | Clinical Information *Required |
|---|---|---|
| ☐ Chest Pain | ☐ Post MI | _____ |
| ☐ Dyspnea | ☐ Murmur | _____ |
| ☐ Hypertension | ☐ Pericardial Effusion | _____ |
| ☐ Syncope | ☐ CHF | _____ |
| ☐ LV Function | ☐ Stroke | _____ |
| ☐ Arrhythmia | ☐ CAD Assessment | _____ |
| ☐ Valvular Disease | ☐ Other | _____ |
| ☐ Hypertrophic Cardiomyopathy | | _____ |
| ☐ Congenital Heart Disease | | _____ |

## My Heart Fitness Clinic

☐ Refer to My Heart Fitness for medically supervised exercise and lifestyle modification