



CARDIOLOGY REQUISITION

PATIENT LINE 905.849.6799
 BOOKING LINE 905.849.9367
 FAX 905.849.8266
www.OakvilleCardiologists.com

PATIENT NAME _____
 BIRTHDATE dd mm yy M F _____
 HEALTH CARD _____
 TEL H _____
 W _____
 ADDRESS _____

REFERRING MD _____
 ADDRESS _____

 TEL _____
 FAX _____
 REFERRAL # _____
 COPY TO _____

CARDIAC DIAGNOSTICS	Date/Time	Location
<input type="checkbox"/> 1. Echocardiogram		
<input type="checkbox"/> 2. Exercise Cardiolute <input type="checkbox"/> 3. Persantine Cardiolute <input type="checkbox"/> 4. Exercise Stress Echocardiogram <input type="checkbox"/> 5. Dobutamine Stress Echocardiogram <input type="checkbox"/> 6. Exercise Stress Test		
<input type="checkbox"/> 7. Holter Monitor 24 hrs <input type="checkbox"/> 8. Holter Monitor 48 hrs <input type="checkbox"/> 9. Holter Monitor 72 hrs <input type="checkbox"/> 10. Arrhythmia Monitor (Holter 14 days)		
<input type="checkbox"/> 11. ECG		
<input type="checkbox"/> 12. Ambulatory Blood Pressure Monitor 24 hrs (fee \$50)		
<input type="checkbox"/> 13. Resting MUGA		OTMH

CLINICAL INDICATION

If urgent, state reason

MD signature

Date

CONSULTATION

New patient, requesting first available cardiologist

New patient, requesting specific cardiologist

Returning patient, previously seen by

- Dr Vera Chiamvimonvat
- Dr Michael Heffernan
- Dr Kostas Ioannou
- Dr Sean Jedrzekiewicz
- Dr Qin Li
- Dr Russell Mao
- Dr David McConachie
- Dr Jan Orfi
- Dr Michelle Paikin
- Dr Talha Syed

Please inform patients regarding medications to be held prior to tests.

Please see reverse for test information, patient preparation and map. Electronic forms and further information available at www.OakvilleCardiologists.com.

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DORVAL SITE
 690 Dorval Drive
 Suite 300
 Oakville ON L6K 3W7

NORTH SITE
 North Oakville Medical Centre
 3075 Hospital Gate, Suite 409 & 419
 Oakville ON L6M 1M1

OAKVILLE HOSPITAL (OTMH)
 3001 Hospital Gate,
 Cardiology Dept, Level 1 Centre
 Oakville ON L6M 0L8