Mississauga: 640 Eglinton Ave W
Ottawa: 1935 Bank Stree
Sudbury: 9-2140 Regent St.
Timmins: 117-38 Pine St. N.
Cochrane: 4-233 Eighth St.
Iroquois Falls: 58A Anson Drive.
North Bay: 304-1950 Algonquin Av
Temiskaming Shore: 240 Shepherd

Top Cardiology Clinics

Cardiac Health Teams

Download this form from:
https://topcardiologyclinics.ca/

Phone: +1(289) 499-1022
Fax: +1(905) 917-4165
info@topcardiologyclinics.ca

Request For Cardiac Examination

Patient Information (Affix Label if Available)				
Full Name:		Gender:	Height:	Weight:
Address:	Street # & Name:	City:	Postal Code:	
Health Card #:		Cell Phone		
Date Of Birth:	dd/mm/yy: Age:	Family Physician:		

Clinical Indication					
Clinical Hx:-					
◯ Chest Pain	◯ SOB	◯ Palpitation	◯ Syncope	◯ Murmur	◯ CVA/TIA
◯ CAD	◯ CHF	◯ Arrythmias	◯ LL swelling	◯ Others:	

Examination(s) Requested	
◯ **Echocardiography** (regular comprehensive TTE). **Add:-** ◯ **Bubble** Study ◯ **Strain** Study	
◯ **Contrast** Echocardiography.	
◯ **Pediatric Echo**	
◯ Exercise **Stress Echocardiography (SE)**	
◯ **Ischemic Heart Disease Protocol**	
◯ Diastolic Dysfunction Protocol	
◯ Cardiomyopathies Protocol	
◯ Native Valve Disease Protocol	
◯ **Exercise Stress ECG (GXT)**	
◯ **Rest** 12-Lead **ECG.**	
◯ **Holter** Monitoring: ◯ 72 hrs ◯ 1 week ◯ 2 Weeks ◯ Others:	
◯ **In-Clinic** / Walk-In (9 am – 12 pm and 1 pm to 4 pm)	
◯ **By-Mail** (No extra fee)	
◯ **At-Home** (No extra fee)	
◯ **BP Monitoring** (24 Hours) (Not insured by OHIP but **FREE** if requested by patient)	
◯ **Cardiology Consultation**	
◯ **Urgent**	

Referring Physician Information (Stamp Label if Available)	
Referring Physician:	Tel:
Physician's Signature:	Fax:
	Copy to:
Billing Provider #:	Note:
Date: dd/mm/yy:	