Cardio Health

FAX COMPLETED FORM TO
877.718.0283
CARDIO HEALTH WILL CONTACT THE PATIENT TO SCHEDULE AN APPOINTMENT

CARDIOLOGY REQUISITION FORM

CARDIOHEALTH.CA | TO BOOK AN APPOINTMENT CALL: 877.718.2196 | 905.882.4848

PATIENT INFORMATION

FIRST NAME: _____
LAST NAME: _____
HEALTH CARD NO.: _____
DOB: _____ GENDER: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
PHARMACY: _____

REFERRING PHYSICIAN

REFERRING MD: _____
MD SIGNATURE:

BILLING NO.: _____
FAX NO.: _____
ADDRESS: _____

REFERRAL DATE: _____

PROCEDURES

☐ **URGENT**

- ☐ CARDIOLOGY CONSULTATION
- ☐ ECG
- ☐ ADULT ECHOCARDIOGRAM
- ☐ HOLTER 72 HOURS
- ☐ TREADMILL STRESS ECHO/CONSULT
- ☐ 24 HOURS AMBULATORY BLOOD PRESSURE MONITORING (NOT COVERED BY OHIP)
- ☐ IF TEST IS ABNORMAL: PLEASE ARRANGE FOR A CONSULTATION

CARDIOLOGY CONSULTANTS

- **Dr. De, Sabe Kumar** MD, FRCPC, FASE
- **Dr. Tjandrawidjaja, Michael** MD, FRCPC, FACC
- **Dr. Ahmad, Mayraj** MD, FRCPC, FACC
- **Dr. Lonn, Eva** MD, FRCP(C)
- **Dr. Ajlan, Muhammad Abdulbaqi** MD, FRCPC
- **Dr. Ghaith Almidani** MD, FRCPC
- **Dr. Ali Omar, Alomar** MD, FRCPC
- **Dr. Sulaiman Alrashidi** MD, FRCPC, ABIM
- **Dr. Bhindi, Rahul** MD, FRCPC
- **Dr. Binbraik, Yasser Abdulaziz** MD, FRCPC
- **Dr. Ahmad, Kamran** MD, FRCPC
- **Dr. Almhri, Ali** MD, FRCPC
- **Dr. Nadeem, Syed** MD, FRCPC
- **Dr. Almazroa, Loai** MD, FRCPC
- **Dr. Raco, Dominic** MD, FRCPC, FACC
- **Dr. Maur, Gurpreet** MD, FRCPC
- **Dr. Lambadaris, Maria** MD, FRCPC, ABIM
- **Dr. Abdulaban, Abdulrham Abdulaziz** MD, FRCPC
- **Dr. Tannous, Rosemonde** MD, FRCPC
- **Dr. Hammam, Gholam** MD, FRCPC
- **Dr. Sardar, Zahid** MD, FRCPC
- **Dr. Kumar, Reha Khatter** MD, FRCPC
- **Dr. Ahmed, Sara** MD, ABIM, ABOM
- **Dr. Handa, Rishi** MD, ABIM
- **Dr. Salahuddin, Nasir** MD
- **Dr. Baha Alazzoni** MD
- **Dr. Rayan Alhazmi** MD

HISTORY/CLINICAL INFORMATION:

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REASON FOR TEST

- ☐ PALPITATION
- ☐ CHEST PAIN
- ☐ SOB
- ☐ ABNORMAL ECG
- ☐ DIZZINESS
- ☐ HYPERTENSION
- ☐ R/O CAD
- ☐ OTHER:

_____
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_____

CARDIOVASCULAR RISK REDUCTION PROGRAM

- ☐ AGE
- ☐ FAMILY HISTORY
- ☐ ETHNICITY
- ☐ SMOKING HISTORY
- ☐ OBESITY
- ☐ DIABETES MELLITUS
- ☐ HYPERTENSION
- ☐ DYSLIPIDEMIA
- ☐ POOR DIET
- ☐ SEDENTARY LIFESTYLE
- ☐ HIGH STRESS
- ☐ METABOLIC SYNDROME

PLEASE BRING WITH YOU THIS REQUISITION FORM, YOUR HEALTH CARD AND YOUR LIST OF MEDICATIONS. THANK YOU FOR YOUR COOPERATION.

HEAD OFFICE: 30 WEST BEAVER CREEK RD, UNIT 101, RICHMOND HILL, ON L4B 3K1