



# Heart & Vascular

CENTRE FOR CARDIOLOGY

www.heartandvascularcardiology.com

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STONEY CREEK 35 Upper Centennial Pkwy, Suite 2C L8J 3W2

HAMILTON 414 Victoria Ave N, Suite M6 L8L 5G8 - **NEW**

BURLINGTON 2079 Lakeshore Road L7R 1E2

## CARDIAC DIAGNOSTICS TESTING

- Treadmill Exercise Stress Test (GXT)
- Recumbent Bike Exercise Stress Test  
\* Suitable for patients who are unable to walk on a treadmill
- Cardiac LOOP Event Monitor  
14 Days of Continuously Monitoring Cardiac Events
- ABPM (Ambulatory Blood Pressure Monitor)  
\* \$60 charge to patient
- HOLTER Monitor       48 HR       24 HR
- 2D Echocardiogram
- ECG

## PULMONARY FUNCTION STUDIES

- Spirometry with Flow Volume Loop
- Pre /Post Bronchodilator

## REFERRING PHYSICIAN - PLEASE COMPLETE

Referring Physician: \_\_\_\_\_

Signature Required: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

## CARDIOLOGY

- 1<sup>st</sup> Available Cardiologist
- Dr. \_\_\_\_\_

## CHOOSE PREFERRED LOCATION

- Stoney Creek       Hamilton       Burlington

## REASON FOR CONSULT - PLEASE COMPLETE

- PLEASE INDICATE ONE:**
- Consultation & Diagnostic Testing (Choose below OR leave for Cardiologist to determine).
  - Consultation if abnormal test results
  - No Consultation Required. Diagnostic Testing Only.

- Abnormal ECG       Arrhythmia/Palpitations       CHF       Chest Pain       Dyspnea       Dizziness/Syncope       HTN

Clinical Information (or attach) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PATIENT INFORMATION - PLEASE COMPLETE OR ATTACH LABEL

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  Mr.  Mrs.  Ms.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

Appointment Date: MM / DD / YYYY Appointment Time:  AM  PM

OHIP Number: \_\_\_\_\_

**PLEASE FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE 1-855-210-0758**

\*\*\* For URGENT referrals please call our CENTRAL BACK LINE at 1-855-210-0707 or indicate on referral \*\*\*