

Cardiovascular Referral Form

Name (as it appears on Health Card):

Sex: M F

Date of Birth:

Address:

Postal Code:

Telephone Number:

Home: Work: Cell:

Health Card Number (OHIP): Version Code (if applicable):

Card Expiry Date (if applicable):

Consultation 1st Available Cardio-oncology (Dr. Ghosh)
 Dr. B. Banihashemi Dr. N. Ghosh Dr. R. Grewal
 Dr. C. Johnson Dr. G. Tsimiklis Dr. R. Vexler

Consultation Urgency

Urgent (<2 weeks) 1st Avail Elective

Exercise Stress Test (Treadmill)

Holter Monitor

48-hour

14-day

*Cardiac Perfusion (performed at MMI)

Treadmill

Pharmacologic (with Persantine)

*Echocardiogram with Doppler (performed at MMI)

* These tests are performed at Merivale
Medical Imaging Inc. (MMI)



For Cardiac Stress Studies: Continue Meds Discontinue Meds (specify):

Height: Weight:

Clinical Information (a short clinical history is essential):

Referring Physician: CC Physician:

Address: Address:

Physician Number:

Signature:

This requisition can be taken to any licensed facility providing healthcare services, including independent health facilities (IHF) and hospitals, such as those listed on the IHF program website (<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>)