

Dr. R. Baigrie

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TEL: 705-674-5030
TEL: 705-670-0654

Dr. C. Hourtovenko

FAX: 705-670-9348
FAX: 705-671-3147

Dr. A. Kumar

CLINIC HOURS:
8:00 am to 4:00 pm (Mon-Fri)

PATIENT INFORMATION

PATIENT'S NAME: _____ D.O.B: _____ F M
 ADDRESS: _____
 TELEPHONE #: _____ OHIP #: _____
 APPOINTMENT DATE: _____ TIME: _____

*Note: Please see back for patient instructions and directions

CARDIOLOGY CONSULTATION

Elective Urgent (<2 weeks)
 First Available Cardiologist Dr. R. Baigrie Dr. C. Hourtovenko Dr. A. Kumar

INDICATIONS FOR CONSULTATION:

Abnormal Exercise / Rest ECG Rule out CAD (CRF with symptoms)
 Atypical (variant) angina / SOBOE Typical Angina
 Post M.I. Other: _____

CARDIAC TESTING

Elective Urgent (<2 weeks) Echocardiogram (Colour Doppler)
 Exercise Stress Test (GXT) *Please select one of the following indications:*
 Holter Monitoring Chest pain suspicious of CAD
 a. 48 hr Murmur
 b. _____ hr Hypertension
 c. 1 week Palpitations / arrhythmias
 d. 2 week Syncope
 24h BP Monitor (Cash Payment - procedure not covered by OHIP, \$80.00 fee required) Congestive heart failure
 12 Lead Electrocardiogram (ECG) [no appointment necessary] Other: _____
 Contrast Echocardiogram

INDICATIONS FOR TESTING:

Abnormal Exercise / Rest ECG Rule out CAD (CRF with symptoms)
 Atypical (variant) angina / SOBOE Typical Angina
 Post M.I. Other: _____

Clinical Information: _____

Referring Physician: _____ Print Name _____ Signature _____ Fax #: _____

Copy To: _____ Print Name _____ Fax #: _____

PATIENT PREPARATION AND INSTRUCTIONS

NOTES:

1. A valid health card must be shown at every visit.
2. A signed requisition by a registered physician is mandatory for all exams.
3. If you would like to cancel/ change your appointment, please notify our office at least 24 hours prior to your scheduled time.

For additional locations across Ontario, visit www.myhealthcentre.ca

CARDIOLOGY

EXERCISE STRESS TEST

Erectile Dysfunction medication should be discontinued for 1 week prior to test. Bring your current list of medications with you. Wear soft sole shoes and comfortable clothing.

Total test time: Approximately 30 minutes.

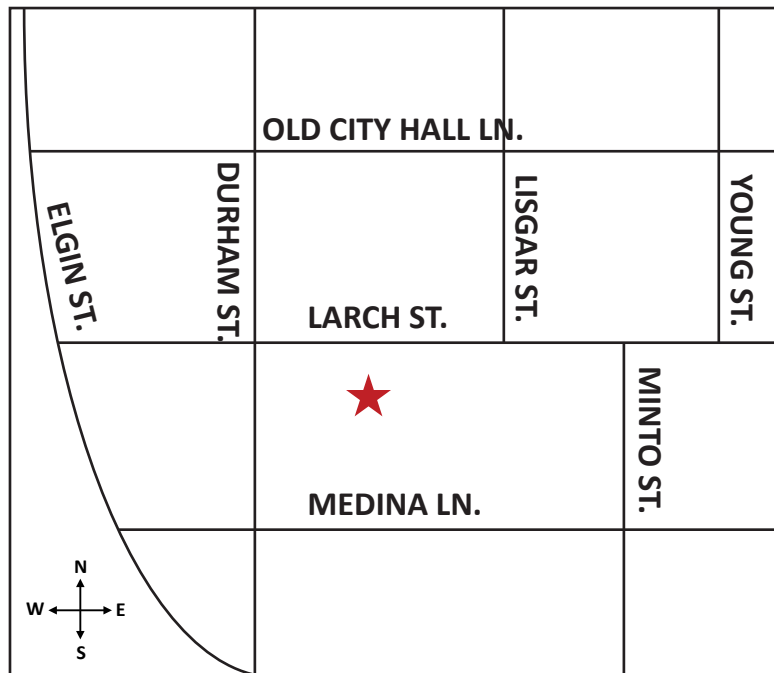
HOLTER MONITORING

Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring your current list of medications.

Please note no shower/bath is permitted during recording period.

BLOOD PRESSURE MONITORING

Please wear blouse/shirt with short or loose fitting sleeves. Bring your current list of medications.



SUDBURY CARDIOLOGY

65 Larch Street, Suite 200C
Sudbury, Ontario P3E 1B8