

PATIENT INFORMATION:

PATIENT'S NAME: _____ D.O.B: _____ F M

ADDRESS: _____

TELEPHONE #: _____ OHIP #: _____

APPOINTMENT DATE: _____ TIME: _____ WEIGHT: _____

Check if applicable **STAT**

CARDIOLOGY TESTING

12-LEAD ELECTROCARDIOGRAM (ECG)

ECHOCARDIOGRAM (COLOUR DOPPLER)

HOLTER MONITORING

24 hrs 48 hrs ___ hrs 2 wks

EXERCISE STRESS TEST (1849 YONGE ST.)

Please select one of the following indications:

Chest pain suspicious of CAD

Murmur

Congestive heart failure

Hypertension

Palpitations / arrhythmias

Syncope

Other: _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION IMAGING (MPI) (1849 YONGE ST.)
with ventricular function

Exercise

Persantine

Indication for ordering MPI procedures:

Abnormal Exercise / Rest ECG

Post M.I.

Atypical (variant) angina / SOBOE

Rule out CAD (CRF with symptoms)

Typical Angina

Other: _____

**Note: Please consult your doctor regarding discontinuation of Beta Blockers (48hrs),
Erectile Dysfunction (48hrs), and Calcium Blockers (24hrs) prior to cardiac stressing.*

CARDIOLOGY CONSULTATION

CONSULTATION REQUESTED

Urgent

First available cardiologist

Dr. Patricia McEwan

Dr. Aman Mundi

CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL

CLINICAL INFORMATION (Please complete for consultations):

Reason for Referral: _____

Medical History: _____

Current and Recent Medication: _____

Additional 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

NUCLEAR CARDIOLOGY

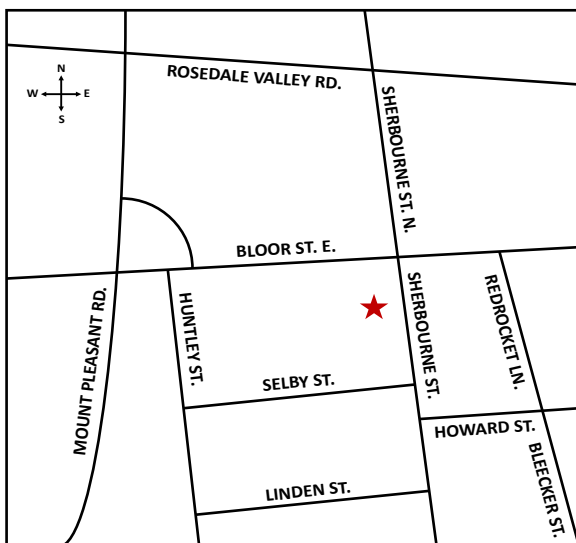
1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) and then nothing to eat 1 hour prior to the test.
2. Discontinue all caffeine products 24 hours prior to the test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and a light meal 1 hour prior to the test.
4. Wear loose fitting clothing (e.g. T-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers like Metoprolol or Atenolol, as well as Calcium Channel Blockers like Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) 48 hours prior to the test.

MYOCARDIAL PERFUSION IMAGING consists of 2 parts: 1. Rest Study - takes approximately 1.5 - 2 hours and consists of an injection followed by imaging.
2. Stress Study - takes approximately 2 - 2.5 hours and consists of a stress test, injection and imaging.

ECHOCARDIOGRAPHY

A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

The appointment will take approximately 45 minutes.

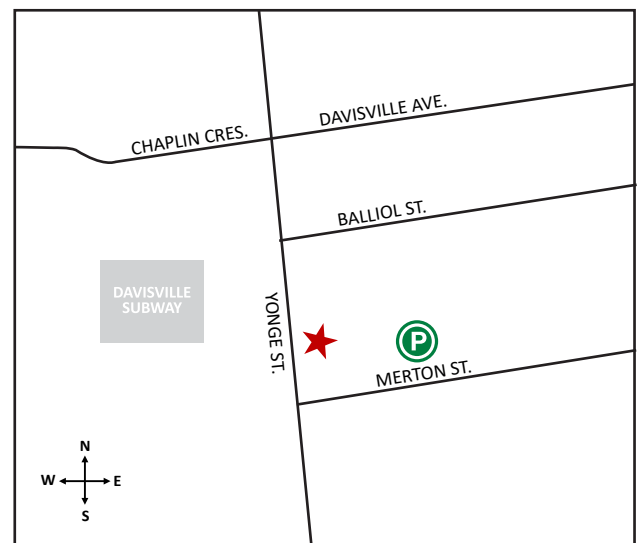


ROSEDALE MEDICAL CENTRE

600 Sherbourne Street, Suite 309
Toronto, ON M4X 1W4
Tel: 416-926-1593 | Fax: 416-926-8768

HOLTER MONITORING

Please do not put any cream/lotion on your chest.
Wear loose, comfortable clothing. Bring current list of medications.
Please note no shower/bath is permitted during recording period.



MYHEALTH CENTRE

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