

CLINIC HOURS:

Monday - Friday 8:00 am - 4:00 pm

www.myhealthcentre.ca

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

Check if applicable **URGENT**

CARDIOLOGY CONSULTATION

CONSULTATION REQUESTED

- Urgent, first available cardiologist
- Dr. C. Hourtovenko
- Dr. A. Kumar
- Dr. J. Hilal (**Internal Medicine**)
- Dr. A.D. Javier

INDICATIONS FOR CONSULTATION:

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

CARDIOLOGY TESTING

EXERCISE STRESS TEST (GXT)

HOLTER MONITORING WITH 12-LEAD ELECTROCARDIOGRAM (ECG)

- 48 Hours
- _____ Hours
- 1 Week
- 2 Weeks

24HR BP MONITOR (\$80 cash fee required)

12-LEAD ELECTROCARDIOGRAM (ECG) (No appointment necessary)

INDICATIONS FOR CONSULTATION:

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

ECHOCARDIOGRAM (COLOUR DOPPLER)

Please select one of the following indications:

- Chest pain suspicious of CAD
- Congestive heart failure
- Palpitations / arrhythmias
- Other: _____
- Murmur
- Hypertension
- Syncope

CONTRAST ECHOCARDIOGRAM

BUBBLE STUDY

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.

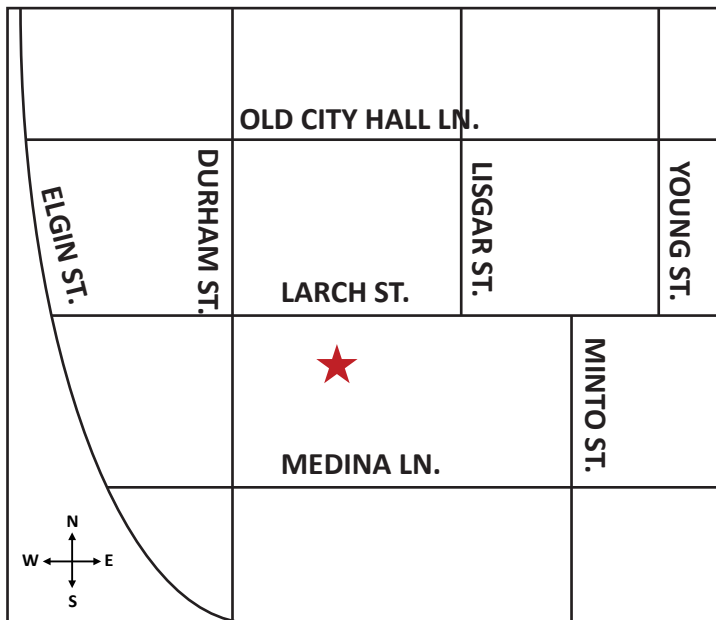
HOLTER MONITORING

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.



MYHEALTH CENTRE - SUDBURY CARDIOLOGY

65 Larch Street, Suite 402
Sudbury, Ontario P3E 1B8

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