

SUDBURY CARDIOLOGY

DR. C. HOURTOVENKO | DR. A. KUMAR | DR. J. HILAL

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

CLINIC HOURS:

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

Tel: 705-670-0654 | Tel: 705-674-5030
Fax: 705-670-9348 | Fax: 705-671-3147

Healthcare Provider Type: GP Specialist NP Other: _____

Check if Applicable: **URGENT**

PATIENT INFORMATION (Paste Patient Label, if Available)

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____ Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Clinical Information/Indications:

CARDIOLOGY

12-Lead Electrocardiogram (Rest ECG) - **No appointment necessary**

Exercise Stress Test (GXT)

Holter Monitoring with 12-Lead Electrocardiogram (ECG)

24 hrs

48 hrs

72 hrs

Other: _____

24hr BP Monitor (**\$80.00 fee required**)

Echocardiogram (Colour Doppler)

Select one of the following indications:

Chest pain suspicious of CAD

Congestive heart failure

Palpitations/arrhythmias

Murmur

Hypertension

Syncope

Other: _____

Contrast Echocardiogram

Bubble Study

CARDIOLOGY CONSULTATION

CONSULTATION REQUESTED

First Available

Dr. C. Hourtovenko

Dr. A. Kumar

Dr. J. Hilal (**Internal Medicine**)

Indication(s) for consultation:

Abnormal Exercise/Rest ECG

Atypical (variant) angina/SOBOE

Typical Angina

Rule out CAD (CRF with symptoms)

Post M.I.

Other: _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

Exercise

Persantine

VENTRICULAR FUNCTION

Resting (MUGA)

STAMP OFFICE LABEL (IF AVAILABLE)

Referring Physician: _____
(Print Name) (Signature)

Billing Provider #: _____ CPSO #: _____

Fax #: _____

Date: _____

Copy to: _____

Report Delivery Preference: Fax HRM Other: _____

Please note, all diagnostic tests require a scheduled appointment, except for X-ray (walk-ins accepted).
Now you can take a picture of this form and TEXT it to MyHealth Centre: 647-694-7800

CARDIOLOGY

EXERCISE STRESS TEST

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

Total test time: Approximately 30 minutes.

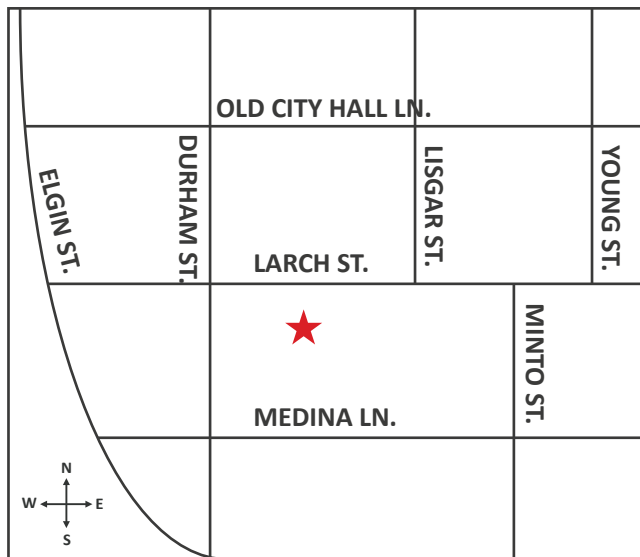
HOLTER MONITORING

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 a blouse or shirt with short or loose fitting sleeves. Bring your current list of medications.



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For test preparations in 15+ languages, please visit MyHealthCentre.ca/Locations
or call 416-223-5460



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