



REQUEST FOR EXAMINATION

Phone: 1-855-680-3111
Fax Referral: 1-800-341-9514
E-mail: contact@cardiologynow.ca
Website: CardiologyNow.ca

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE) Check if Applicable: ☐ URGENT Full Name (Birth): ______ Preferred Full Name (If Different from Birth): _____ _____ City: ______ Province: _____ Postal Code: _____ Address: _____ Alternate Phone: ______ Email: _____ Cell Phone: ____ Date of Birth: Health Card #: Version: Gender (Birth): _____ Preferred Gender (If Different from Birth): _____ Height (cm): ____ Weight (kg): _____ Drug Allergies: Reason for Referral: **SPECIALIST CONSULTATION CARDIOLOGY & & INTERNAL MEDICINE** SLEEP DISORDERS ☐ First Available: ☐ Cardiologist O Internist ☐ Consultation & Sleep Study ☐ Dr. ☐ Consultation Only ☐ Consult if Test Result is Positive/Abnormal ☐ Sleep Study Only O Internist O Cardiologist Indication(s) for consultation/study: Indication(s) for consultation: O Non-restorative Sleep O Chronic Fatigue O Excessive Daytime Sleepiness O Rule out CAD (CRF with Symptoms) O Abnormal Exercise/Rest ECG O Restless Legs O Atypical (Variant) Angina/SOBOE O Post M.I. O Insomnia O Sleep Apnea O Typical Angina O Other: _____ O Morning Headaches O Snoring O Other:_____ Please include the following CPP (Cumulative Patient Profile) information, if available: List of medications, previous cardiology tests, blood work, family history, social history (occupation, smoking, recreational drug use), symptoms **CARDIOLOGY TESTS** ☐ 12-Lead Electrocardiogram (Rest ECG) ☐ Stress Echocardiogram ☐ Exercise Stress Test (GXT) ☐ Echocardiogram (Colour Doppler) ☐ Contrast Echocardiogram ☐ Holter Monitoring with 12-Lead Electrocardiogram (ECG) O Chest pain suspicious of CAD O Syncope O Other:_____ □ O 24 hrs O 48 hrs O 72 hrs O Murmur O Palpitations/Arrhythmias ☐ 24hr BP Monitor (Not insured by OHIP) O Hypertension O Congestive Heart Failure ☐ Bubble Study O Other: ☐ Pulmonary Function Testing (PFT) O Pre & Post Spirometry O Full Pulmonary Function Test (PFT) O Include Respirology Consult REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE) **NUCLEAR CARDIOLOGY TESTS** Referring Provider: ______(Print Name) **Myocardial Perfusion Imaging** (Signature) ☐ Exercise ☐ Persantine □ Dobutamine Billing Provider #: _____ CPSO #: _____ **Ventricular Function** Tel #: ______ Fax #: _____ ☐ Rest MUGA Сору То:_____

To book your consultation, please visit CardiologyNow.ca.

To book your diagnostic test, see the back of this form, or visit **WELLdiagnostics.ca/Locations**. For test preparation, visit **WELLdiagnostics.ca/Test-Prep**.

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

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- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit WELLdiagnostics.ca/Locations.
- We will send your diagnostic report to your referring HP (healthcare provider), who will follow-up with you. We can send it to additional HPs upon your request.

BRAMPTON CENTRE	BRAMPTON CHRYSLER	BRAMPTON DEWSIDE
31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre T: 905-455-3010 F: 1-800-352-2050	470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-791-3458 F: 905-791-3460	2 Dewside Drive, Suite 206 Brampton, ON L6R 3Y5 Bramalea Business Centre (Dewside & Bramalea) T: 905-796-4590 F: 289-201-7855
E: brampton_centre@welldiagnostics.ca	E: brampton_chrysler@welldiagnostics.ca	E: brampton_dewside@welldiagnostics.ca
BRAMPTON (SLEEP DISORDERS)	BRANTFORD	LINDSAY
480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-790-8800 F: 905-790-6008 E: brampton_sleep@welldiagnostics.ca	Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5 T: 519-805-3560 F: 519-805-3561 E: brantford@welldiagnostics.ca	10 Angeline Street North, 3 rd Floor Lindsay, ON K9V 4M8 Ross Memorial Hospital at the corner of Angeline and Kent Street West T: 705-328-6171 F: 705-328-6172 E: lindsay@welldiagnostics.ca
LONDON ARVA	LONDON FANSHAWE	LONDON WHARNCLIFFE
21589 Richmond Street Arva, ON NOM 1C0 Richmond Street, north of the London Masonville Mall T: 519-672-0070 F: 519-850-0144 E: london_arva@welldiagnostics.ca	1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road T: 519-439-5555 F: 519-266-2206 E: london_fanshawe@welldiagnostics.ca	279 Wharncliffe Road North, Suite 210 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street T: 519-858-7476 F: 519-266-6739 E: london_wharncliffe_cardiology@welldiagnostics.ca
MILTON	MISSISSAUGA	NEWMARKET
480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road T: 905-878-8831 F: 1-800-249-6284 E: milton_cardiology@welldiagnostics.ca	2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 905-828-0653 F: 905-828-0765 E: mississauga_cardiology@welldiagnostics.ca	17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre T: 905-952-3112 F: 289-319-0415 E: newmarket_cardiology@welldiagnostics.ca
NORTH YORK	ORANGEVILLE	OSHAWA
4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335 E: northyork@welldiagnostics.ca	229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station T: 519-943-0022 F: 519-943-0045 E: orangeville@welldiagnostics.ca	300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Professional Building west of Park Road T: 905-723-3110 F: 905-723-9045 E: oshawa@welldiagnostics.ca
SARNIA	SAULT STE. MARIE	SCARBOROUGH
481 London Road, Suite B-101 Sarnia, ON N7T 4X3 Beside Bluewater Health at Norman and London T: 519-336-8110 F: 1-800-507-3880 E: sarnia@welldiagnostics.ca	955 Queen Street East, Suite 50 Sault Ste. Marie, ON P6A 2C3 The Doctor's Building (Queen & Lucy Terrace) T: 705-759-1144 F: 705-759-5978 E: ssm_queen@welldiagnostics.ca	462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave T: 416-690-9437 F: 416-690-9441 E: scarborough@welldiagnostics.ca
SIMCOE	SUDBURY LARCH	TORONTO DAVISVILLE
216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street T: 519-428-1243 F: 519-428-2445 E: simcoe@welldiagnostics.ca	65 Larch Street, Suite 103 and 402 Sudbury, ON P3E 1B8 Larch Medical Building, just east of Durham Street T: 705-674-5030 F: 705-670-9348 E: sudbury_larch_cardiology@welldiagnostics.ca	1849 Yonge Street, Suite 207 & 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville T: 416-928-3467 F: 416-928-3502 E: toronto_davisville@welldiagnostics.ca
TORONTO KING	WHITBY	
11 King Street West, Suite C-100	1615 Dundas Street East, Main Floor Whithy, ON L1N 2L1	

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