

Our Vision is to provide the highest quality cardiac care services by ensuring rapid access to advanced diagnostic testing and consultation

Patient Information

Name: _____ DOB: _____

Address: _____ City: _____ Postal Code: _____

Health Card / Version Code: _____ Phone: _____ Cell: _____ Email: _____

Indication for Referral: _____

Clinical History: _____

Medication: _____ Height: ____ in. Weight ____ lbs. Smoker ☐

Physician Information

Physician Name: _____ Billing #: _____

E-Mail: _____ Fax: _____ Preferred Report Delivery: ☐ E-Mail ☐ Fax ☐ Mail

Copies of reports to: _____

Cardiac Services

- ☐ Cardiology Consult
- ☐ Cardiology Follow-up
- ☐ Authorize cardiac consult *
if necessary
**same day consultation for patients with high risk results.*

Cardiologists

- ☐ First Available
- ☐ Dr. Bradley Sarak
- ☐ Dr. Anjala Chelvathan
- ☐ Dr. Quyn Huong Cong
- ☐ Dr. Nisha D'Mello
- ☐ Dr. Paul Galiwango
- ☐ Dr. Abdelazim Yousif Fadlseed
- ☐ Dr. Talvi Hess
- ☐ Dr. Sarah Ipekian
- ☐ Dr. Mahmoud Bokhari
- ☐ Dr. Saleem Kassam
- ☐ Dr. Rolland Leader
- ☐ Dr. Ashok Mukherjee
- ☐ Dr. Joseph Ricci
- ☐ Dr. Tom Chang

Neurology

- ☐ Consult
- ☐ Follow-up
- ☐ Nerve Conduction Study
- ☐ Dr. Chern Lim
- Internal Medicine**
- ☐ Consult
- ☐ Follow-up
- ☐ Dr. Raluca Kukreja

Cardiac Testing

- ☐ EKG
- ☐ Echo ☐ Strain ☐ +Contrast
- ☐ Holter ☐ 24h ☐ 48h ☐ 72h
- ☐ 7d ☐ 14d ☐ 30d
- ☐ Exercise Stress Test
- ☐ Stress Echocardiogram
- ☐ Exercise
- ☐ Dobutamine
- ☐ Nuclear Perfusion Imaging
- ☐ Exercise
- ☐ Persantine
- ☐ MUGA (RNA)
- ☐ Cardiac Tc99 Amyloid Scan
- ☐ 24-hour Ambulatory BP

CorCare Nuclear

- ☐ Bone Scan
- ☐ Thyroid Scan
- ☐ Parathyroid Scan
- ☐ Lung Vebtilation \ Perfusion
- ☐ Renal Scan (Captopril)
- ☐ Brain Scan
- ☐ Lower GI Bleed
- ☐ Hemangioma (RBC) Scan
- ☐ Salivary Scan
- ☐ Liver Disofenin (DISIDA)
- ☐ Liver RES. Scan

☐ **URGENT**

Signature _____

Locations

