



TORONTO
CARDIAC CLINIC

REQUISITION FORM

PATIENTS DEMOGRAPHICS

Last Name _____ Sex _____
First Name _____ Telephone _____
HC Number _____ Cell Phone _____
Date of Birth _____ Work Phone _____
Address _____

REFERRING PHYSICIAN

Date _____

Name _____
Address _____
Telephone _____ Fax _____
Signature _____
Billing # _____

REASON FOR REFERRAL

Consultation only	Consultation & Diagnostics	Diagnostics only	Pediatric Cardiology Consultation
		Cardiac Risk Factors	Valvular Disease
		Coronary Artery Disease	Abnormal ECG
		Heart Failure	Atrial Fibrillation
		Arrhythmia	Pericardial Disease

Please note that TCC is connected to Oceans eReferrals

URGENCY

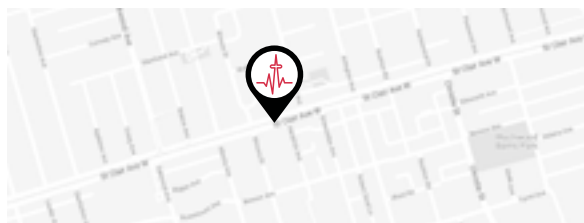
Elective Semi-urgent (<2 weeks) Urgent *Please call

CARDIOLOGISTS

First Available	Dr. Chris Overgaard	Dr. Cameron Gilbert	Dr. Danna Spears
	Dr. Taz Vira	Dr. Sean Balmain	Dr. Juri Reial
	Dr. Beth Abramson	Dr. Michael Gollob	Dr. Jonathan Wong
	Dr. Amar Uxa	Dr. John Janevski	Pediatric Cardiologist

DIAGNOSTICS

ECG (Walk-ins Welcome)	Ambulatory Blood Pressure Monitor	<small>Note: \$100 fee, Not covered by OHIP</small>
Stress Echocardiography	Exercise Stress Test	
2D Echocardiography	Ventricular Function Study (MUGA)	
Holter Monitor:	Myocardial Perfusion Imaging:	Exercise
24 Hour		Pharmacological
48 Hour		
72 Hour		
Bubble Study		
Contrast		
2 Weeks		



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