TORONTO
CARDIAC CLINIC
www.torontocardiacclinic.ca

REQUISITION FORM

Revised July 2026

Please note that TCC is connected to Oceans eReferrals

URGENCY: ☐ Elective ☐ Semi-urgent ☐ Urgent*

*Please call office directly: 416-883-3783

PATIENTS DEMOGRAPHICS

Last Name _____ DOB: _____

First Name _____ Cell Phone _____

Sex _____ Height _____ Weight _____ Telephone _____

HC # _____ VC # _____ Workphone _____

Address _____

REFERRING PHYSICIAN Date _____

Name _____

Billing # _____ CPSO # _____

Address _____

Telephone _____ Fax _____

Signature _____

REASON FOR REFERRAL

☐ Consultation only ☐ Consultation & Diagnostics ☐ Diagnostics only

Please include relevant clinical history and reason for urgency

☐ Abnormal ECG
☐ Arrhythmia
☐ Atrial Fibrillation
☐ Cardiac Risk Factors
☐ Coronary Artery Disease
☐ Heart Failure
☐ Pericardial Disease
☐ Valvular Disease

CARDIOLOGISTS

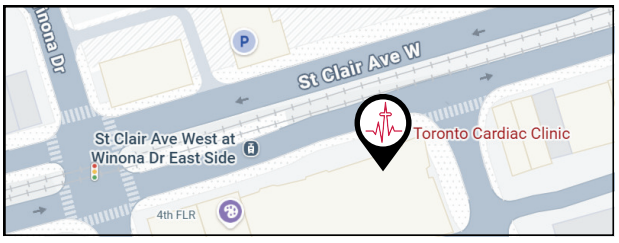
☐ First Available
☐ Dr. Beth Abramson
☐ Dr. Sean Balmain
☐ Dr. Farzad Darabi
☐ Dr. Cameron Gilbert
☐ Dr. Michael Gollob
☐ Dr. John Janevski
☐ Dr. Chris Overgaard
☐ Dr. Juri Reial
☐ Dr. Danna Spears
☐ Dr. Amar Uxa
☐ Dr. Taz Vira
☐ Dr. Jonathan Wong (Pediatric Cardiologist)

DIAGNOSTICS

☐ ECG (Walk-ins are welcome)
☐ Stress Echocardiography 2D
☐ Echocardiography ☐ Bubble Study ☐ Contrast
☐ Ambulatory Blood Pressure Monitor *Note:* $100 fee, Not covered by OHIP
☐ Exercise Stress Test
☐ Ventricular Function Study (MUGA)

Holter Monitor: ☐ *24 Hour* ☐ *48 Hour* ☐ *14 Days* ☐ *72 Hour* ☐ *7 Days*

Myocardial Perfusion Imaging: ☐ Exercise ☐ Pharmacological



829 St Clair Avenue West, Toronto, Ontario M6C 1C2

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info@torontocardiacclinic.ca

PLEASE NOTE: Incomplete referrals may delay processing. Please include relevant investigations.