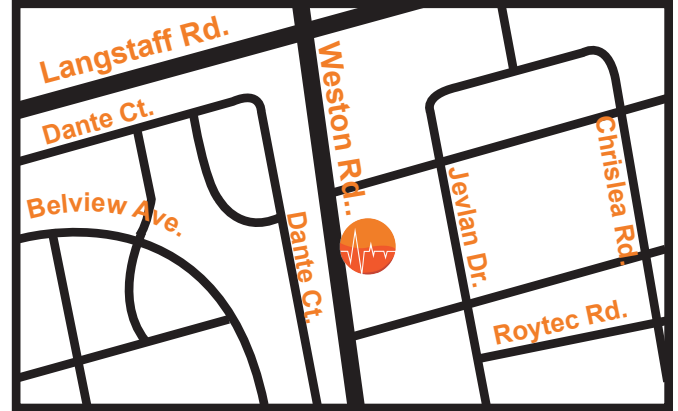


CARDIO STUDY OF WOODBRIDGE
 8333 WESTON RD. SUITE 401
 WOODBRIDGE, ONTARIO L4L 8E2
 Tel: 905-264-0022 Fax: 905-264-0085

Please complete form and fax to: **905-264-0085**
 Cardio Study will contact the patient to schedule appointment.

PATIENT INFORMATION / LABEL

Last Name: _____ First Name: _____
 Address _____
 City _____ Postal Code _____
 Phone (home) _____ Work _____
 Health Card # _____ VC _____
 Sex: M F Date of Birth (dd / mm / yyyy) : ___ / ___ / ___



North of Hwy 7, South of Langstaff

CARDIOLOGY CONSULT

• **Dr. K. Dighe** FRCP (C)

• **Dr. T. Vakani** FRCP (C)

INTERNAL MEDICINE CONSULT

• **Dr. E. Bekier** FRCP (C)

CLINICAL INFORMATION / INDICATIONS

CARDIAC INVESTIGATIONS

- 12 LEAD ECG 2D ECHO AND COLOUR DROPLER
 STRESS TEST
 TREADMILL STRESS ECHO (WOODBRIDGE LOCATION)
 HOLTER MONITORING 3 DAYS 14 DAYS
 24 HOUR AMBULATORY BLOOD PRESSURE MONITORING (NOT COVERED BY OHIP)

- DISCONTINUATION OF BETA BLOCKERS AND CALCIUM BLOCKERS IMPROVES THE DIAGNOSTIC ACCURACY OF EXERCISE TESTS, BUT SHOULD ONLY BE DONE ON THE ADVICE OF THE REFERRING PHYSICIAN
- PATIENTS SHOULD BRING THEIR MEDICATIONS AND HEALTH CARDS WITH THEM

PHYSICIAN INFORMATION

Referring Physician: _____ Referring #: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____