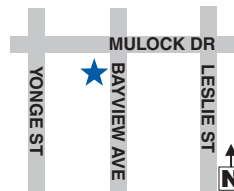




16700 Bayview Avenue, Unit #22, Newmarket, Ontario L3X 1W1  
 Tel. 289-803-2959 • Fax. 1-855-870-1125  
 Unit 2-9625 Yonge St, Richmond Hill, Ontario L4C 5T2  
 Tel. 905-237-6640 • Fax. 905-237-6659  
 newmarketcardio@gmail.com

Newmarket Location

Richmond Hill Location



PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ VERSION CODE \_\_\_\_\_

**CARDIOLOGIST**

Dr. S.K. Mukherjee

Dr. Wael Abuzeid

Dr. A. Kilany

Dr. N. Gomperts

**CARDIAC TESTING**  **Comprehensive Cardiac and stroke risk assessment**

2D Colour Doppler Echocardiography (ECHO)

Treadmill Stress Echocardiogram (Stress Echo)

Graded Exercise Test (GXT)

Cardiac Event Loop Recorder (ELR)

Holter Monitor  48 hr.  72 hr.  
 14 Days  30 Days

Electrocardiogram (ECG)

Ambulatory Blood Pressure Monitor (ABPM)\*  
 \*Not covered by OHIP

**CARDIOLOGY CONSULTATION**

URGENT (1-2 WEEKS)

SEMI-URGENT (2-4 WEEKS)

CONSULTATION IF ABNORMAL TEST (1-2 WEEKS)

REASON FOR REFERRAL \_\_\_\_\_

\_\_\_\_\_

**INDICATIONS**

Cardiac Murmur/Valvular heart disease

Significant family history of coronary artery disease

Stroke/TIA/Cardiac Source of Embolus

Chest pain/known coronary artery disease

Hypertension/Hypertensive heart disease

Intermediate to high global CAD risk based on Framingham risk score

Assess functional capacity prior to structured exercise program (GXT)

Palpitations/arrhythmia

Syncope/Recurrent presyncope

Shortness of breath

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR REFERRING PHYSICIANS**

- Please send updated medications list.
- Please send latest lab results.
- Please send relevant cardiac testing done prior.

Send Copies To: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Fax: \_\_\_\_\_



## INSTRUCTIONS

### **Please arrive 10 minutes prior to your appointment time**

- Bring your referral form for cardiac test.
- Bring your valid health card.
- Please provide us with 48 hours notice for cancellation.
- Please bring a complete list of your medications to all tests.

### **ECG**

Checks electrical activity of the heart.

**Duration: 5 - 10 minutes**

### **2D Colour Doppler Echocardiography**

Utilizes ultrasound waves to study the heart.

**Duration: 30 - 45 minutes**

### **Stress Exercise Test**

Involves walking and/or running on the treadmill.

Please wear comfortable shoes.

Do not eat 2 hours before test.

Women: a two-piece outfit is best. No dresses.

**Duration: 30 minutes**

### **Stress Echocardiogram**

Similar to exercise stress.

Addition of 2D Echo before and after exercise.

Involves walking and/or running on the treadmill.

Please wear comfortable shoes.

Women: a two-piece outfit is best. No dresses.

**Duration: 1 hour**

### **Holter Monitor**

Records cardiac activity for 24, 48 or 72 hours.

No shower during the Holter is on.

### **Cardiac Loop Event Recorder**

Records cardiac activity for one to two weeks.