



PATIENT NAME: _____

DATE OF BIRTH: ____ / ____ / ____ / PHONE: _____

ADDRESS: _____

HEALTH CARD #: _____ VERSION CODE _____

CARDIOLOGISTS

- Dr. Ali Kuny Kilany
 - Dr. S.K. Mukherjee
 - Dr. Natalie Gomperts
 - Dr. Tasnim Vira
 - Dr. Sudip Datta
 - Dr. Khaled Shelig
 - Dr. Syed Hussaini
 - Dr. Damian Redfean
 - Dr. John Bisleri (Cardiac Surgeon St. Michael's Hospital)
 - Dr. Wael Elabbassi
 - Dr. Wael Abuzeid
- ### INTERNAL MEDICINE
- Dr. Omar Rodwan
 - Dr. Abdurahman Emsalem
 - First Available

THE HEALTHY WAY HEAD OFFICE TORONTO
#106-1120 Finch Ave.W.
North York, ON
M3J 3H7
Tel: 416-667-8498 ext.1
Fax: 416-667-0334

DOWNSVIEW
#108-2100 Finch Ave.W.
Downsview, ON
M3N 2Z9
Tel: 416-667-9598
Fax: 416-667-9525

DOWNTOWN TORONTO
#208 - 1670 Dufferin St.
Toronto, ON
M3H 3M2
Tel: 416-654-6019
Fax: 416-654-4505

ORANGEVILLE
#6-50 Rolling Hills Drive
Orangeville, ON
L9W 6T6
Tel: 519-307-8800
Fax: 519-307-8810

CARDIAC TESTING

2D Colour Doppler Echocardiography (ECHO)

With Contrast

Treadmill Stress Echocardiogram (Stress Echo)

With Contrast

Echocardiogram

With Saline "Bubble Study"

(To assess for inter-atrial shunt (PFO/ASD))

Graded Exercise Test (GXT)

Holter Monitor 48 hr. 72 hr.
 7 Days 14 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

REASON FOR REFERRAL _____

INDICATIONS

- Palpitations/arrhythmia
- Stroke/TIA/Cardiac Source of Embolus
- Cardiac Murmur/Valvular heart disease
- Shortness of breath
- Chest pain/known coronary artery disease
- Hypertension/Hypertensive heart disease
- Syncope/Recurrent presyncope
- Intermediate to high global CAD risk based on Framingham risk score
- Significant family history of coronary artery disease
- Assess functional capacity prior to structured exercise program (GXT)
- Other _____

NEWMARKET

22-16700 Bayview Ave
Newmarket, ON
L3X 1W1
Tel: 289-803-2959
Fax: 1-855-870-1125

OWEN SOUND

1580-20th Street East
Unit 1
Owen Sound, Ontario
N4K 5P5
Tel: 519-372-9951
Fax: 519-372-1384

BRAMPTON

501-18 Kensington Road
Brampton, ON
L6T 4S5
Tel: 905-497-8177
Fax: 905-497-8277

FOR REFERRING PHYSICIANS

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

FOR PATIENTS

- Non-English speaking patients, please bring a translator to your appointment and valid health card.

Send Copies To: _____

Physician's Signature: _____

Physician's Fax: _____

MAPLE

#407-191 Mcnaughton Rd.
Maple, ON
L6A 4E2
Tel: 416-667-8498 ext.1
Fax: 416-667-0334

THE HEALTHY WAY MEDICAL GROUP

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.