## **Premium Cardiac Centre Oakville**

479 Dundas Street West, Oakville, ON L6M 1L9

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## CARDIOVASCULAR ASSESSMENT REFERRAL

Dr. Esam Elbarasi	Dr. Asem Suliman	Dr. Hesham Tarho	oni First available		
PATIENT'S DETAILS (attach label)		PRIORITY:	:		
Full Name (first & last):  DOB (DD/MM/YYYY):  Gender: Female or Male		Same / Next day (call our MD) Urgent (1-3 days) Semi Urgent (1-2 weeks) Elective (3-4 weeks)			
Health Card:		DIAGNOS	DIAGNOSTIC TESTS - Clinic:		
Address: Phone: E-mail:		12-Lead ECG Holter Monitor 48h 72h 1-2 wk Contrast 2D Echocardiogram Bubble Study Echocardiogram (TIA / PFO)			
APPROPRIATE INDICATION:		Exercise	Exercise Stress Echocardiogram (treadmill)		
Chest pain Palpitations  Dyspnea / Heart Failure Syncope /Dizziness  Murmur / Valve disease Abnormal ECG  CAD PCI CABG Stroke / TIA  Cardiac risk factors (Smoking, HTN, DM, dyslipidemia or Obesity)  Family history of premature CAD  Family history of sudden cardiac death  Hypertension management  Claudication / Peripheral vascular disease screening  Preoperative cardiac assessment.  Other clinical info:  IMPORTANT INFO:  All patients will be seen in consultation unless otherwise specified.  All abnormal test results will be automatically reviewed in consultation.  Please include a complete list of current medications and all relevant reports  Affiliations: Joseph Brant Hospital   William Osler Health Sy		HOSPITALS & IHFS*  Transesophageal Echocardiogram (TEE)			
		Cardiac M Cardiac C	Nuclear scan (MIBI) Cardiac MRI Cardiac CTA / Calcium score *Cardiology consultation required		
		Full name:	REFERRING PHYSICIAN INFORMATION:  Full name:  Billing number:  Cell Phone:  E-mail:  Signature:  Date:		
		E-mail: Signature: ts. Date:			

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