



Cardiovascular Referral Form

Name (as it appears on Health Card):

Sex: M F Date of Birth:

Address: Postal Code:

Telephone Number: Home: Work: Cell:

Health Card Number (OHIP): Version Code (if applicable):

Consultation 1st Available Cardio-oncology (Dr. Ghosh)

Dr. B. Banihashemi Dr. N. Ghosh Dr. R. Grewal *Urgent 1st Available Elective

Dr. C. Johnson Dr. G. Tsimiklis Dr. R. Vexler * Provide time frame and clinical details below

- Exercise Stress Test (Treadmill)
- Holter Monitor
 - 48-hour
 - 14-day

- *Cardiac Perfusion (performed at MMI)
 - Treadmill
 - Pharmacologic (with Persantine)
- *Echocardiogram with Doppler (performed at MMI)

* These test are performed at Merivale Medical Imaging Inc. (MMI)



For Cardiac Perfusion and Stress test:

Height: Weight:

- Continue Meds Discontinue Meds (specify):

Clinical Information (a short clinical history is essential):

Referring Physician: CC Physician:

Address: Address:

Physician Number:

Signature: