

Dr. A.Choudhry M.D.;M.R.C.P.(U.K.), F.R.C.P.(C); F.A.S.E.;F.A.S.N.C
URGENT CARDIAC CENTRE

PATIENT'S NAME :

H.C.:

TEL:

ADDRESS:

CLINICAL INFORMATION: CAD/SOB/HTN/CARDIOMYOPATHY/MURMUR/CHEST PAIN/ARRHYTHMIA/STROKE

APPT TIME: URGENT ROUTINE

CENTRAL FAX: 1 855- 716-8821

***BRAMPTON**

2130 North Park Drive, Unit 30
 Brampton, ON L6S 0C9

*** MISSISSAUGA**

3530 Derry Rd East, Unit 205
 Mississauga, ON L4T 4E3

*** TORONTO**

2100 Finch Ave W, Unit 309
 North York, ON M3N2Z9

CONSULT:		
NUCLEAR CARDIOLOGY	CARDIAC STUDIES	VASCULAR STUDIES
Myocardial Perfusion (CardiolYTE/Sestamibi) Exercise/Persantine (Choose one)	2D Echo Stress Echo Holter Monitoring 24/48/72 Hours (Choose One)	Duplex Carotid Aortic Aneurysm
Ventricular Function (MUGA) Rest	Exercise Stress Test Resting ECG	Peripheral Arterial Lower/Upper Limb (Choose One)
Viability Study (Thallium) Rest	Event Monitoring Analysis 14 Days	Peripheral Venous Lower/Upper Limb (Choose One) Ambulatory BP Monitoring

PATIENT INSTRUCTION: (For Nuclear Cardiology Study Only)

- * A light breakfast on day of test and then no food or drink for 2 hours prior to test.
- * 24 hours prior to test -No Caffeine Consumption(Coffee ,Tea, decaffeinated coffee , Chocolate ,Soda, Or medications containing caffeine.
- * Consult with your physician about the temporary discontinuation of certain heart medication for 48 hours .
- *Wear comfortable shoes and loose fitting clothes for exercise test.
- * The CardiolYTE test consist of 2 parts: Part 1 consist of imaging followed by stress test and lasts about 2-3 hours .Part consists of 30 minutes of imaging approximately 45-60 minutes after Part1.

REFERRED BY:(Full name and Address and Stamp)

----- **Referring Physician No:**-----

Signature: -----

Date:-----

TO BOOK APPOINTMENTS PLEASE FAX REFERRALS TO OUR FAX 1-855-716-8821.

Any Cancellations needs 48hour notice. Any Questions Please call 905-595-5505.

