



1757 Sherbrooke St.
 Peterborough, ON., K9K-0G1
 (Corner of Sherbrooke & Brealey)
 P: 705-874-6660 ext 2 F: 705-874-6665
 Monday - Friday 9am-5pm, Closed for lunch 12-1pm
 Visit our website @ www.Apex-Diagnostics.com

Appointment: _____
 Date: _____
 Time: _____

A Valid Health Card MUST be presented at time of appointment.

<p>Pt. Name: _____</p> <p>Phone#: _____ DOB: _____</p> <p>HCN: _____ VC: _____ Exp: _____ M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Medications: _____</p> <p><input type="checkbox"/> CCB <input type="checkbox"/> BB <input type="checkbox"/> Nitro Patch</p> <p>Height(in/cm): _____ Weight (lb/kg): _____</p>	<p>REFERRING PHYSICIAN Date: _____</p> <p>_____ M.D/N.P.</p> <p>_____ C.C</p> <p>Billing #: _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; color: red;"> Mandatory Signature </div>
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CARDIOLOGY CONSULTATION

- Dr. A. Mahim
 Dr. C. Knutson
 1st Available Physician
 Other: _____

 Routine Consultation
 Urgent Consultation

PATIENT HISTORY/TEST INDICATION: Please indicate if any of the following exist.

- | | | |
|--|---|---|
| <input type="checkbox"/> LBBB | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Valvular Disease |
| <input type="checkbox"/> Afib | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Valve Replacement: <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> CAD/MI | <input type="checkbox"/> Syncope | <input type="checkbox"/> Tissue |
| <input type="checkbox"/> CABG | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Aortic Valve Replacement |
| <input type="checkbox"/> TIA/CVA | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Mitral Valve Replacement |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Pacemaker: <input type="checkbox"/> Single Chamber |
| <input type="checkbox"/> Hypertrophic Cardiomyopathy | | <input type="checkbox"/> Dual Chamber |
| <input type="checkbox"/> Moderate/Severe Asthma | | <input type="checkbox"/> ICD |
| <input type="checkbox"/> Unable to do treadmill | | <input type="checkbox"/> PCI: Artery if known: _____ |
- Other: _____

CARDIOLOGY TESTING AVAILABLE Urgent Testing Only

- | | |
|--|---|
| <input type="checkbox"/> Exercise Cardiolute (Sestamibi)
<input type="checkbox"/> Persantine Cardiolute (Sestamibi) – <i>Asthma contraindication</i>
<input type="checkbox"/> Dobutamine Cardiolute (Sestamibi)
<input type="checkbox"/> Rest Ventricular Function (MUGA)
<input type="checkbox"/> Myocardial Viability (Thallium) | <input type="checkbox"/> Echocardiogram
<input type="checkbox"/> 48Hr Holter <input type="checkbox"/> 7 Day Holter
<input type="checkbox"/> ECG
<input type="checkbox"/> Treadmill Stress Test
<input type="checkbox"/> Exercise Stress Echocardiogram
<input type="checkbox"/> Dobutamine Stress Echocardiogram
<input type="checkbox"/> Ambulatory Blood Pressure Monitor |
|--|---|

NOTE: A requisition for Diagnostic Imaging is valid at any hospital or licensed imaging facility. Please advise your patient that ABP monitor is not paid by OHIP. Fee is \$50.00 exact cash at time of service. OHIP no longer pays for routine pre-op or routine annual reassessment testing in asymptomatic patients as of Jan 1, 2013. Please record symptoms or medical condition being evaluated.