medisen
Cardiology and Internal Medicine Associates

460 Brant St., Suite 201, Burlington, ON L7R 4B6
Tel 1: 289-745-0051 Fax 1: 888-898-5095

Cardiology Consult Request

Consult If Abnormal Test Results ☐

First Available Physician ☐

Dr. Indra Warren ☐
MD, FRCPC

Dr. Paul Hong ☐
MBChB, FRCPC, MRCP(UK)

Dr. Waseem Hindieh ☐
MD, FRCPC

Dr. Mina Girgis ☐
MD, FRCPC

Dr. Phillipe Beaudry ☐
MD, FRCPC, FACC, FASE

Dr. Deeqo Mohamud ☐
MD, FRCPC

Patient Information

Name: _____

Date of Birth: _____ Gender: ☐ M ☐ F

Address: _____

_____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

OHIP Number: _____Version code: _____

Urgency Level

☐ Urgent (< 1 week) ☐ Semi-Urgent (1-2 weeks) ☐ Routine

Reason for Referral / Past Medical Hx / Current Medications

Please attach previous imaging reports, ECGs, and most recent bloodwork with requisition

Cardiology Testing

☐ 12-Lead ECG

☐ Exercise Stress Test (GXT)

☐ Adult Echocardiogram (TTE)
☐ with Contrast

☐ Adult Stress Echocardiogram
☐ with Contrast

Patch Holter Monitor:
☐ 48-hr ☐ 7-day
☐ 72-hr ☐ 14-day

☐ 24-hr Ambulatory BP Monitor
***not covered by OHIP - $60.00 fee*

Referring Physician

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Billing #: _____

CC: _____ Date of Referral: _____

For additional information and patient instructions, please visit www.medisen.ca