OAK RIDGES Heart Clinic

Dr. Maheswaran Srivamadevan,
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13291 Yonge St, Suite 303,
Richmond Hill, Ontario, L4E 4L6
Phone: 905-751-2941 Fax: 1-888-744-5481

Request for Cardiology Consult and/or Diagnostics

Please complete form and fax with relevant documentation to ***1-888-744-5481***

Referring MD: _____ Billing #(if never referred before): _____

Phone number: _____ Fax number: _____

Address: _____
Street Town/City Postal Code

Patient Name: _____
Surname First Name

Address: _____
Street Town/City Postal Code

DOB: _____ Sex: _____ Phone # (Res): _____ (Bus): _____

Health Card # & Version Code: _____

☐ Cardiology consultation
Reason for Referral: _____

Medications: _____

Indication for the test

☐ Echo Doppler _____

☐ **Contrast Echocardiogram** _____

☐ **Stress Echocardiogram** _____

☐ **Exercise Stress Test** _____

☐ **Holter Monitor** ☐ 24 hr ☐ 72 Hr ☐ 48 Hr ☐ 14 Day _____

☐ Electrocardiogram _____

Date of Request: _____ **MD Signature:** _____