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Cochrane “Cardiac Health Teams”

Note: This form can be
 Downloaded from:
www.cardiachealthteams.com

Request For Cardiac Examination

Patient Information (Affix Label if Available)					
Full Name:					
Address:	Street # & Name:	City:	Postal Code:		
Cell Phone:		Alt. Phone:			
Date Of Birth:	dd/mm/yy:	Age:	Gender:	Height:	Weight:
Health Card #:			Family Physician:		
Clinical Indication					
Clinical Hx:-					
<input type="radio"/> Chest Pain	<input type="radio"/> SOB	<input type="radio"/> Palpitation	<input type="radio"/> Syncope	<input type="radio"/> Murmur	<input type="radio"/> CVA/TIA
<input type="radio"/> CAD	<input type="radio"/> CHF	<input type="radio"/> Arrhythmias	<input type="radio"/> LL swelling	<input type="radio"/> Others:	
Examination(s) Requested				Patient's Cardiologist	
<input type="radio"/> Echocardiography (regular comprehensive TTE). Add:- <input type="radio"/> Bubble Study <input type="radio"/> Strain Study				<input type="radio"/> N/A (First Available)	
<input type="radio"/> Contrast Echocardiography.					
<input type="radio"/> Pediatric Echo (Neonate & older) by dedicated ped Echo Tech, Ped Cardiologist & equipment				<input type="radio"/> Dr. Anthony Main	
				<input type="radio"/> Dr. Angelo Dave Javier	
<input type="radio"/> Rest 12-Lead ECG.				<input type="radio"/> Dr. Atilio Costa Vitali	
<input type="radio"/> Holter Monitoring: <input type="radio"/> 72 hrs <input type="radio"/> 1 week <input type="radio"/> 2 Weeks <input type="radio"/> Others:				<input type="radio"/> Dr. Brian Wong	
<input type="radio"/> In-Clinic / Walk-In (9 am – 12 pm and 1 pm to 4 pm)				<input type="radio"/> Dr. Djilali Hanzal	
<input type="radio"/> By-Mail (by: Xpresspost, prepaid return, all Ontario) - No extra fee				<input type="radio"/> Dr. Grama Ravi	
<input type="radio"/> At-Home (by Trained female staff, hook-up, re-hook-up, and pick-up) - No extra fee				<input type="radio"/> Dr. Raed Abu Shama	
				<input type="radio"/> Dr. Roger Labonte	
<input type="radio"/> BP Monitoring (24 Hours) (Not insured and grants are available if requested by patient)				<input type="radio"/> Dr. Samantha Liauw	
<input type="radio"/> Cardiology Consultation <input type="radio"/> Virtual (only first available)				Pediatric Cardiology Team	
<input type="radio"/> In-Person				<input type="radio"/> Dr. Angelo Dave Javier	
<input type="radio"/> Consult on Abnormal				<input type="radio"/> Dr. Yousef Etoom	
<input type="radio"/> Other:-				Level III Echo Cardiologists	
				<input type="radio"/> Dr. Angelo Dave Javier	
				<input type="radio"/> Dr. Djilali Hanzal	
				Electrophysiology Team	
<input type="radio"/> Urgent Booking.				<input type="radio"/> Dr. Raed Abu Shama	
<input type="radio"/> STAT Report (Immediate preliminary report before read by cardiologists)				<input type="radio"/> Dr. Atilio Costa Vitali	
Referring Physician Information (Stamp Label if Available)					
Referring Physician:			Tel:		
Physician's Signature:			Fax:		
			Copy to:		
Billing Provider #:			Note:		
Date: dd/mm/yy:					