Hearst: 1403 Edward St
Timmins: 214-119 Pine St. S.
Sudbury: 9-2140 Regent St.
Cochrane: 4-233 Eighth St.
North Bay: 304-1950 Algonquin
Phone: **+1(705) 999-3392**
Fax: **+1(705) 999-3393**

"Cardiac Health Team"

" Hearst Cardiology Centre"

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:					
◯ Chest Pain	◯ SOB	◯ Palpitation	◯ Syncope	◯ Murmur	◯ CVA/TIA
◯ CAD	◯ CHF	◯ Arrythmias	◯ LL swelling	◯ Others:	

Examination(s) Requested	**Patient's Cardiologist**
◯ **Echocardiography** (regular comprehensive TTE). **Add:-**	◯ **N/A (First Available)**
◯ **Bubble** Study	
◯ **Strain** Study	**Adult Cardiology Team**
◯ **Contrast Echocardiography.**	◯ **Dr. Anthony Main**
◯ **Pediatric Echocardiography.**	◯ **Dr. Angelo Dave Javier**
	◯ **Dr. Atilio Costa Vitali**
◯ **Stress Echocardiography (SE)**	◯ **Dr. Brian Wong**
◯ Ischemic Heart Disease Protocol	◯ **Dr. Djilali Hanzal**
◯ Diastolic Dysfunction Protocol	◯ **Dr. Grama Ravi**
◯ Cardiomyopathies Protocol	◯ **Dr. Raed Abu Shama**
◯ Native Valve Disease Protocol	◯ **Dr. Roger Labonte**
	◯ **Dr. Samantha Liauw**
◯ **Cardiology Consultation**	
◯ **Virtual**	**Electrophysiology Cardiology**
◯ **Virtual OTN (Dr Roger Labonte)**	◯ **Dr. Raed Abu Shama**
◯ **In-Person (Sudbury)**	◯ **Dr. Atilio Costa Vitali**
◯ **Consult on Abnormal**	
	Pediatric Cardiology Team
◯ **Urgent** Booking.	◯ **Dr. Angelo Dave Javier**
◯ **STAT Report** (technologist impression before read by cardiologists)	◯ **Dr. Yousef Etoom**

Referring Physician Information (Stamp Label if Available)	
Referring Physician:	Tel:
Physician's Signature:	Fax:
	Copy to:
Billing Provider #:	Note:
Date: dd/mm/yy:	