

**Sudbury:** 9-2140 Regent St.  
**North Bay:** 304-1950 Algonquin Av  
**Timmins:** 214-119 Pine St. S.  
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## Northern Cardiac Health Teams

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### Sudbury -Request For Cardiac Examination

Patient Information (Affix Label if Available)					
Full Name:			Gender:	Height:	Weight:
Address:	Street # & Name:		City:	Postal Code:	
Cell Phone:			Alt. Phone:		
Date Of Birth:	dd/mm/yy:	Age:			
Health Card #:			Family Physician:		
Clinical Indication					
<b>Clinical Hx:</b>  <input type="checkbox"/> Chest Pain <input type="checkbox"/> SOB <input type="checkbox"/> Palpitation <input type="checkbox"/> Syncope <input type="checkbox"/> Murmur <input type="checkbox"/> CVA/TIA <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> Arrhythmias <input type="checkbox"/> LL swelling <input type="checkbox"/> Others:					
Examination(s) Requested				Patient's Cardiologist	
<input type="checkbox"/> <b>Echocardiography</b> (regular comprehensive TTE). Add:- <input type="checkbox"/> <b>Bubble Study</b> <input type="checkbox"/> <b>Strain Study</b>				<input type="checkbox"/> <b>N/A (First Available)</b>	
<input type="checkbox"/> <b>Contrast Echocardiography.</b>				<input type="checkbox"/> <b>Dr. Anthony Main</b>	
<input type="checkbox"/> <b>Pediatric Echo</b> (Neonate & older) by dedicated ped Echo Tech, Ped Cardiologist & equipment				<input type="checkbox"/> <b>Dr. Atilio Costa Vitali</b>	
<input type="checkbox"/> <b>Exercise Stress Echocardiography (SE)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ischemic Heart Disease Protocol</li> <li><input type="checkbox"/> Diastolic Dysfunction Protocol</li> <li><input type="checkbox"/> Cardiomyopathies Protocol</li> <li><input type="checkbox"/> Native Valve Disease Protocol</li> </ul>				<input type="checkbox"/> <b>Dr. Brian Wong</b> <input type="checkbox"/> <b>Dr. Djilali Hanzal</b> <input type="checkbox"/> <b>Dr. Grama Ravi</b> <input type="checkbox"/> <b>Dr. Mohamed Shurrab</b>	
<input type="checkbox"/> <b>Exercise Stress ECG + LV wall motion Echo assessment before &amp; immediately after Exercise</b>				<input type="checkbox"/> <b>Dr. Raed Abu Shama</b>	
<input type="checkbox"/> <b>Exercise Stress ECG only (GXT)</b>				<input type="checkbox"/> <b>Dr. Roger Labonte</b>	
<input type="checkbox"/> <b>Rest 12-Lead ECG.</b>					
<input type="checkbox"/> <b>Holter Monitoring:</b> <input type="checkbox"/> 72 hrs <input type="checkbox"/> 1 week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Others:					
<input type="checkbox"/> <b>In-Clinic / Walk-In ( 9 am – 12 pm and 1 pm to 4 pm)</b>				<b>Pediatric Cardiology Team</b>	
<input type="checkbox"/> <b>By-Mail (by: Xpress post, prepaid return, all Ontario) - No extra fee</b>				<input type="checkbox"/> <b>Dr. Yousef Etoom</b>	
<input type="checkbox"/> <b>At-Home (by Trained female staff, hook-up, re-hook-up, and pick-up) - No extra fee</b>					
<input type="checkbox"/> <b>BP Monitoring (24 Hours) (Not insured and grants are available if requested by patient)</b>				<b>Level III Echo Cardiologists</b>	
				<input type="checkbox"/> <b>Dr. Djilali Hanzal</b>	
<input type="checkbox"/> <b>Cardiology Consultation</b> <input type="checkbox"/> <b>Virtual</b> <input type="checkbox"/> <b>In-Person</b> <input type="checkbox"/> <b>First Available</b>				<b>Electrophysiology Team</b>	
				<input type="checkbox"/> <b>Dr. Raed Abu Shama</b>	
<input type="checkbox"/> <b>Urgent</b>				<input type="checkbox"/> <b>Dr. Atilio Costa Vitali</b> <input type="checkbox"/> <b>Dr. Mohamed Shurrab</b>	
Referring Physician Information (Stamp Label if Available)					
Referring Physician:		Tel:			
Physician's Signature:		Fax:			
		Copy to:			
Billing Provider #:		Note:			
Date: dd/mm/yy:					