



1757 Sherbrooke St.
 Peterborough, ON., K9K-0G1
 (Corner of Sherbrooke & Brealey)
 P: 705-874-6660 ext 2 F: 705-874-6665
 Monday - Friday 9am-5pm, Closed for lunch 12-1pm
 Visit our website @ www.Apex-Diagnostics.com

Appointment: _____
 Date: _____
 Time: _____

A Valid Health Card MUST be presented at time of appointment.

<p>Pt. Name: _____</p> <p>Phone#: _____ DOB: _____</p> <p>HCN: _____ VC: _____ Exp: _____ M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Medications: _____</p> <p><input type="checkbox"/> CCB <input type="checkbox"/> BB <input type="checkbox"/> Nitro Patch</p> <p>Height(in/cm): _____ Weight (lb/kg): _____</p>	<p style="text-align: center;">REFERRING PHYSICIAN Date: _____</p> <p style="text-align: right;">_____ M.D/N.P.</p> <p style="text-align: right;">_____ C.C</p> <p>Billing #: _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; color: red; font-weight: bold;">Mandatory Signature</div>
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CARDIOLOGY CONSULTATION

Dr. A. Mahim Dr. C. Knutson 1st Available Physician Routine Consultation
 Urgent Consultation

PATIENT HISTORY/TEST INDICATION: Please indicate if any of the following exist.

<input type="checkbox"/> LBBB <input type="checkbox"/> Afib <input type="checkbox"/> CAD/MI <input type="checkbox"/> CABG <input type="checkbox"/> TIA/CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Moderate/Severe Asthma <input type="checkbox"/> Unable to do treadmill Other: _____ _____ _____	<input type="checkbox"/> Greater than 10% on Framington Risk Score <input type="checkbox"/> Chest Pain <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Valvular Disease <input type="checkbox"/> Valve Replacement: <input type="checkbox"/> Mechanical <input type="checkbox"/> Tissue <input type="checkbox"/> Aortic Valve Replacement <input type="checkbox"/> Mitral Valve Replacement <input type="checkbox"/> Pacemaker: <input type="checkbox"/> Single Chamber <input type="checkbox"/> Dual Chamber <input type="checkbox"/> ICD <input type="checkbox"/> PCI: Artery if known: _____
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CARDIOLOGY TESTING AVAILABLE Urgent Testing Only

<input type="checkbox"/> Exercise Cardiolute (Sestamibi) <input type="checkbox"/> Persantine Cardiolute (Sestamibi) – <i>Asthma contraindication</i> <input type="checkbox"/> Dobutamine Cardiolute (Sestamibi) <input type="checkbox"/> Rest Ventricular Function (MUGA) <input type="checkbox"/> Myocardial Viability (Thallium) (Persantine is preferred for patients with pacemakers or LBBB.)	<input type="checkbox"/> Holter Monitor <input type="checkbox"/> ECG <input type="checkbox"/> Ambulatory Blood Pressure Monitor <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Dobutamine Stress Echocardiogram <input type="checkbox"/> Treadmill Stress Test (LBBB contraindicated tests)
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NOTE: A requisition for Diagnostic Imaging is valid at any hospital or licensed imaging facility.
Please advise your patient that ABP monitor is not paid by OHIP. Fee is \$60.00 exact cash at time of service.
OHIP no longer pays for routine pre-op or routine annual reassessment testing in asymptomatic patients as of Jan 1, 2013. Please record symptoms or medical condition being evaluated.