



CARDIOLOGISTS:
 Dr. Gurpreet Maur
 Dr. Sidney Gottlieb
 Dr. L.R. Chaudhry
 Dr. M. Ali Akram
 Dr. C. Devaraj
 (Internal Medicine)

ACCREDITED BY: CORHEALTH

CARDIAC CARE REQUISITION

SEND FAX TO: 1-807-230-0130

Tel: 905-459-2422, 647-786-0305 Fax: 1-807-230-0130 Email: cthrough786diagnostics@gmail.com

NAME OF PATIENT: _____

M F

PHONE: _____ DATE OF BIRTH: Y _____ M _____ D _____

ADDRESS: _____ HEALTH CARD NUMBER: _____ VC
 (Please check and complete below)

REFERRAL TYPE: **URGENT** **ELECTIVE**

Echocardiogram **Exercise ECG Test (Treadmill Stress Test / GXT)** **Stress Echocardiogram** **ECG / EKG:**

Clinical Indication:

Heart Murmur Prosthetic Heart Valves
 Native Valvular Stenosis Infective Endocarditis
 Native Valvular Regurgitation Pericardial Disease
 Pre-Op Evaluation Cardiac Masses
 Mitral Valve Prolapse Interventional Procedures
 Congenital or Inherited Cardiac Structural Disease Pulmonary Disease
 Chest Pain and Coronary Artery Disease
 Dyspnea, Edema and Cardiomyopathy
 Hypertension / SOB
 Thoracic Aortic Disease
 Neurologic or Other Possible Embolic Events
 Arrhythmias, Syncope and Palpitations
 Cardioversion
 Structural Heart Disease
 Other: Specify _____

Holter Monitor
 48 Hours 72 Hours 14 Days

Clinical Indication: _____

Pacemaker VVI DDD
 Palpitation
 R/O Atrial Fibrillation/Flutter
 Radio-frequency ablations for arrhythmia disturbances
 Lightheadedness/Pre-Syncope/Syncope
 Abnormal ECG
 Other: Specify _____

Ambulatory BP Monitor Not Covered by OHIP Cash only

Cardiac Consultation
 Clinical Information: _____ Medication: _____

If the test(s) result(s) are abnormal: Cardiology Consult? (first available) Yes No

Clinical Information: _____

Referring Physician (Print): _____ **Phone:** _____
Physicians Signature: _____ **Date:** _____
Billing #: _____ **Cc:** _____

Patient might be charged if you are unable to keep your appointment and 24-hour cancellation notice

*Some test may not available in all locations. Kindly confirm your site/location of examination at the time of booking.

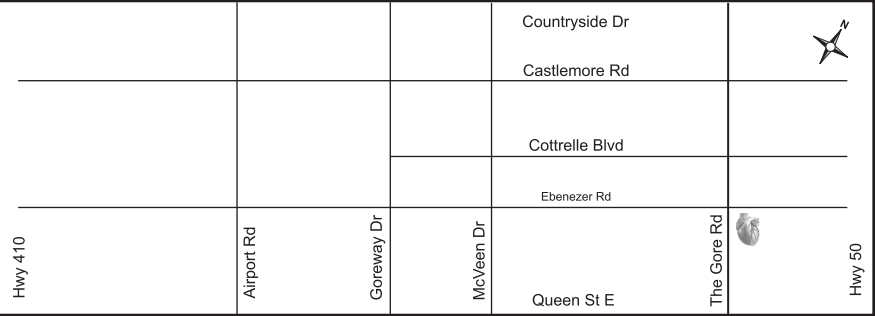
We Speak English, Hindi, Punjabi, Urdu & Pashto

FEMALE TECHNICIAN AVAILABLE

5 Locations info at the back FREE PARKING

C-THROUGH 786 DIAGNOSTIC INC. LOCATIONS

C-THROUGH 786 DIAGNOSTIC INC.
Unit 02-4525 Ebenezer Rd,
Brampton, ON L6P 2K8
T: 905.913.0222
F: 1-807-230-0130
905-913-0009
Call to book an appointment

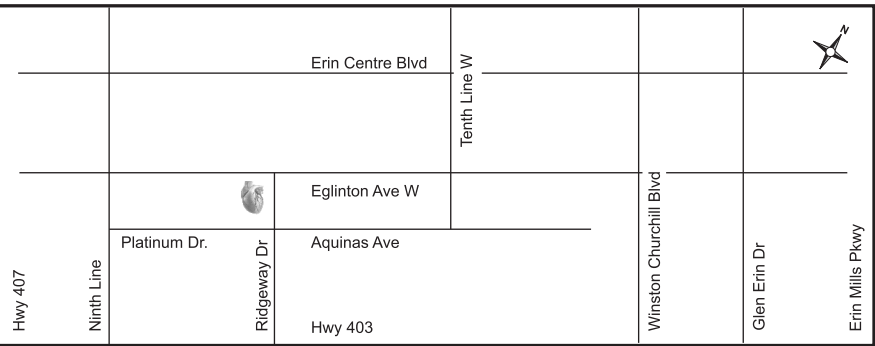


FAST TRACK IMAGING

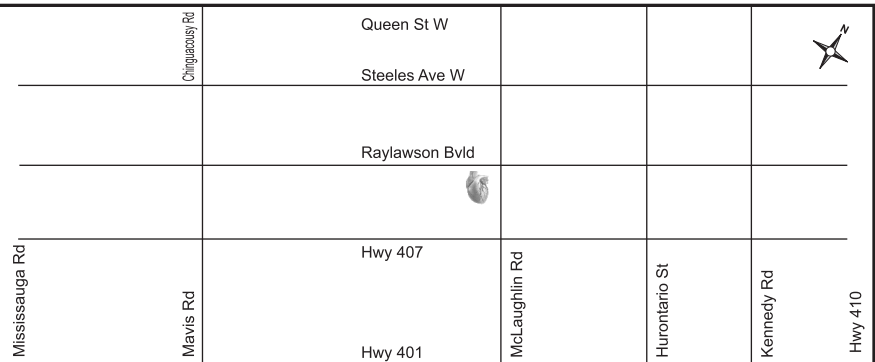
Unit B09-3850 Finch Ave E,
Scarborough, ON M1T 3E7
T: 416.298.9752
F: 647.352.3850
Call to book an appointment



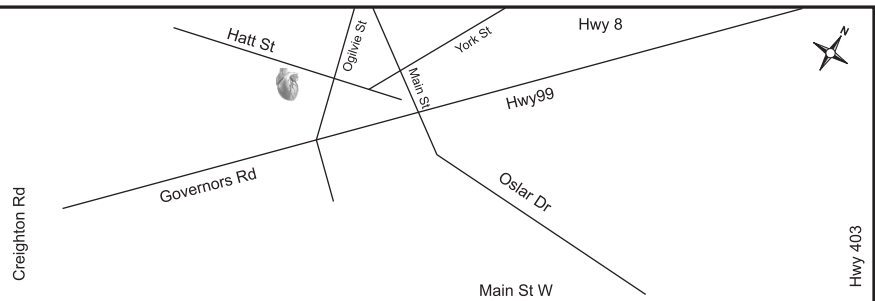
C-THROUGH 786 DIAGNOSTIC INC.
Unit 237-3465 Platinum Dr.
Mississauga, ON L5M 7N4
(Erin Mills Centre Plaza)
Tel: 905-459-2422
647-786-0305
F: 1-807-230-0130
Call to book an appointment



C-THROUGH 786 DIAGNOSTIC INC.
Unit 03-511 Ray Lawson Blvd,
Brampton, ON L6Y 0N2
(Sabzi Mandi Plaza)
Tel: 905-459-2422
647-786-0305
F: 1-807-230-0130
Call to book an appointment



DUNDAS MEDICAL IMAGING
Unit # 201, 60 Hatt St.
Dundas, ON L9H 7T6
Tel: 905.627.4625
Fax: 905.627.0896
Call to book an appointment



IMPORTANT NOTES

- Bring your updated health card, current medications and this referral form.
- Wear comfortable clothing and running shoes for STRESS ECHO and STRESS TEST (coming soon).
- No caffeine products should be taken ONE hour prior to STRESS ECHO and STRESS TEST appointment time.
- Hold beta blocker and Calcium Channel blocker for 48 hrs based on physician's advice (if clinically feasible).
- Do not put oil, lotion or powder on the chest area.
- Please arrive 10 minutes early prior to your appointment time.