OAK RIDGES Heart Clinic

13291 YONGE STREET, SUITE 303, RICHMOND HILL
ON, L4E 4L6
PH. 905-751-2941 Fax. 905-751-0107

Request for Cardiology Consult and/or Diagnostics

Please complete form and fax with relevant documentation to 905-751-0107

Referring MD:_____ Billing #(if never referred before):_____

Phone number: _____ Fax number: _____

Address: _____
Street Town/City Postal Code

Patient Name: _____
Surname First Name

Address: _____
Street Town/City Postal Code

DOB:_____ Sex:_____ Phone # (Res): _____ (Bus): _____

Health Card # & Version Code: _____

☐ Cardiology consultation
Reason for Referral:_____

Medications: _____

Indication for the test

☐ Echo Doppler _____

☐ Stress Echocardiogram _____

☐ Exercise Stress Test _____

☐ Holter Monitor _____

☐ Event Monitor _____

☐ Electrocardiogram _____

Date of Request: _____ **MD Signature:** _____