OSLER CARDIOLOGY

To book an appointment, please send this form by fax or email (contact@oslercardiology.com).

REFERRAL

LOCATION (Select One):

☐ **Bolton - NEW LOCATION!**
12295 Hwy 50, Unit 5 (lower level), L7E 1M2
Phone: (905) 495 – 4278
Fax: (905) 857 – 4278

☐ **Brampton**
3 Conestoga Drive, Suite 200, L6Z 4N5
Phone: (905) 495 – 4278
Fax: (905) 452 – 1052

Attach Patient Identification Sticker or Enter Information Below

PATIENT INFORMATION: DOB (____/____/_____)
DD MM YYYY

NAME: _____

GENDER: ☐ MALE ☐ FEMALE

HCN: _____

ADDRESS: _____

TEL: _____

CELL: _____

EMAIL: _____

REFERRING PHYSICIAN: **DATE (____/____/_____)**
DD MM YYYY

NAME: _____

BILLING#: _____

ADDRESS: _____

TEL: _____ **OR** **FAX:** _____

_____

(PHYSICIAN SIGNATURE ABOVE)

REQUESTING:

☐ **CONSULTATION & TESTING**

☐ **DIAGNOSTIC TESTING ONLY**

- ☐ ECHOCARDIOGRAM
  - ☐ WITH CONTRAST
- ☐ EXERCISE STRESS TEST (REGULAR)
  - ☐ STRESS ECHO
- ☐ HOLTER MONITOR
  - ☐ 24hr ☐ 48hr ☐ 14-Day ☐ 30-Day
- ☐ AMBULATORY BLOOD PRESSURE MONITOR
  ($60.00 TO BE PAID BY PATIENT)

→ ☐ **Cardiology Consultation if test abnormal**

☐ **eVISIT CONSULTATION**

PATIENT'S PREFERRED METHOD OF VIRTUAL CARE

- ☐ AUDIO (PHONE ONLY)
- ☐ AUDIO AND VIDEO CONFERENCING

REASON FOR REFERRAL (Please Indicate Below):

- ☐ CHEST PAIN
- ☐ ARRHYTHMIA/PALPITATIONS
- ☐ ABNORMAL ECG
- ☐ DYSPNEA
- ☐ SYNCOPE
- ☐ HYPERTENSION
- ☐ HYPERLIPIDEMIA, RISK STRATIFICATION
- ☐ OTHER _____

REFERRAL FOR SPECIALIZED CLINIC

- ☐ LIPID CLINIC
- ☐ SOUTH ASIAN RISK ASSESSMENT CLINIC

ADDITIONAL DETAILS:

_____

_____

PLEASE SEND RESULTS OF INVESTIGATIONS RELEVANT TO THIS REFERRAL
(Cardiac Reports, ECGs, CXR and recent blood work)
Thank you for referring your patient to our office. Our office will contact the patient directly.

Visit www.oslercardiology.com for more clinic information