

PATIENT INFORMATION

Name: M F

Healthcard #: Version Code:

Primary Phone #: DOB:

Secondary Phone #:

REFERRING PHYSICIAN INFORMATION

MD Name/Signature:

MD Billing number: Date:

Phone #: Fax #:

URGENCY

ROUTINE SEMI-URGENT URGENT

TESTING

ECHOCARDIOGRAPHY

Stress Echo
 With Consult
 Test Only
 2D Echocardiogram
 If diagnostic test is abnormal, please automatically arrange for Cardiology Consultation.

NUCLEAR CARDIOLOGY

Myocardial Perfusion (MIBI)
 Exercise
 Persantine/Dobutamine

CARDIOLOGY / OTHER

Holter: 24-72 hr 7-14 day
 24 hr ABPM (\$35 not covered by OHIP)
 EKG/Electrocardiography

INDICATIONS

Chest Pain Dyspnea/Edema Palpitations/Arrhythmia
 CHF Murmur/Valvular Regurgitation Screening/DM/HTN/HPL
 Other: _____

PHYSICIAN ASSESSMENT AND CONSULTATION

Dr. Dhssraj Singh Dr. Dakshina Murthy Dr. Sarah Finlay (Internist)
 Dr. Brian Hachey Dr. Je rey Anchan Dr. Rachel Wamboldt
 Dr. Roland Mikhail Dr. Jane Philip (Internist) No Preference

Please fax this form to 519-915-6326 or use the referral form at windsorheart.org

Windsor Heart Institute

Your doctor has referred you to the Windsor Heart Institute.
You will receive a call with your appointment date and time.

Date _____ Time _____

Reminder: Please bring a complete list of medications with you at time of testing/consult.

DIAGNOSTIC TEST PREPARATION

For more detailed information about your exam please visit our website at windsorheart.org

LOCATIONS

Windsor

2464 Howard Ave, Suite 201
Windsor, ON N8X 3V6
Major cross roads: Howard Ave / Ypres Ave
Phone: 519-977-6643
Fax: 519-915-6326

Essex

186 Talbot St South, Suite A
Essex, ON N8M 1B6
Major cross roads: Talbot St South / Fairview Ave
Phone: 519-977-6643
Fax: 519-915-6326

LaSalle

LaSalle Community Healthcare Centre
2125 Front Rd
LaSalle, ON N9J 2C1
Major crossroads: Front Rd / International Ave
Phone: 519-977-6643
Fax: 519-915-6326

Leamington

Central Erie Shores Walk-in Clinic
33 Princess St
Leamington, ON N8H 5C5
Major cross roads: Erie St South / Mill St East
Phone: 519-977-6643
Fax: 519-915-6326

Lakeshore

Lakeshore Med Arts
1303 County Rd 22, Suite 120B
Belle River, ON N8R 1A0
Major crossroads: County Rd 22 / Renaud Line
Phone: 519-977-6643
Fax: 519-915-6326

Kingsville

200 Main St East
Kingsville, ON N9Y 1A6
Major cross roads: Main St East / Wigle Ave
Phone: 519-977-6643 (2024)
Fax: 519-915-6326

ECHOCARDIOGRAM (ECHO)

Time: approximately 45 - 60 minutes.
PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

EXERCISE STRESS ECHO

Time: approximately 1 - 2 hours.
PREP:

- Light meal 3 hours prior to exercise stress test
- No caffeine for 4 hours prior
- Wear light comfortable clothing and running shoes

HOLTER MONITOR/ ELECTROCARDIOGRAM (EKG)

Time: approximately 15 minutes
PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

BLOOD PRESSURE MONITOR

Time: approximately 15 minutes.
PREP:

- You will not be able to shower while wearing this monitor.
- Wear comfortable clothing.

Fee: \$35 charge

(Some insurance companies will reimburse a portion, or all of the charge, as it is not covered by OHIP.)

MYOCARDIAL PERFUSION/DOBUTAMINE STRESS

PREP:

- No caffeine (coffee, tea, chocolate, cola, Tylenol 3) for 24 hours prior to the test.
- Fast for 2 hours prior to the test unless you are diabetic.
- Wear loose, comfortable clothing and running shoes if scheduled for exercise stress test.
- Bring a list of current medications.
- Instructions for holding medications prior to the test will be given at time of booking.

CARDIAC CONSULT

Time: approximately 15-30 minutes

- Wait times depend on number of Cardiologists in clinic and urgent patient assessments.