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Trafalgar Cardiology

Patient name: _____ **Referring MD:** _____
Date of birth: _____ **Billing number:** _____
Sex: _____ **Tel:** _____
Health card: _____ **Fax:** _____
Tel: _____ **CC doctor:** _____

PLEASE REMEMBER TO BRING A VALID HEALTH CARD TO YOUR APPOINTMENT

CARDIAC TESTING

(by appointment)

- Electrocardiogram (ECG)
- Echocardiogram (Echo)
- Echocardiogram with Contrast
- Exercise stress test
- Exercise stress echo
- Holter monitoring
 - 48H
 - 72H
 - 7 Days
 - 14 Days
 - 1 month
- Ambulatory BP monitor
(not covered by OHIP) - \$50

CARDIAC NUCLEAR TESTING

(by appointment)

- Myocardial Perfusion with Tc99m
 - Treadmill/Bike
 - Persantine
- MUGA Scan with Tc99m

CARDIOLOGY CONSULTATION

(Ecg, Echo, Stress Echo)

- Urgent
- Elective
- If test results are abnormal

INDICATIONS:

(check all that apply)

- Chest pain
- Palpitations
- Shortness of breath
- Dizziness/Syncope
- Known cardiac disease
- Hypertension
- Cardiac murmur
- Stroke/TIA
- Family history of CAD
- Other: _____

CLINICAL HISTORY

DOCTOR'S SIGNATURE _____

PATIENT PREPARATION AND INSTRUCTIONS

- Please bring the list of medications you are currently taking as well as valid health card to your appointment
- ECG, ECHOCARDIOGRAM, HOLTER, BLOOD PRESSURE MONITORING**
No preparation needed
- EXERCISE STRESS TEST, EXERCISE STRESS ECHO, MYOCARDIAL PERFUSION SCAN**
 No caffeine for 24 hours (no coffee, tea, coke, chocolate)
 No beta-blocker medication for 24 hours ex. Metoprolol, Bisoprolol, Propranolol
 No erectile dysfunction medications for 72 hours
 Please wear comfortable clothes and shoes suitable for exercise