



PATIENT LABEL HERE

## PATIENT CONSULTATION REQUEST FAX TO 855-755-7771

Name of the Patient:		DOB:
Cell Phone:	Land Line Phone:	OHIP Number:
Patient's email:		
Referring Physician / NP:		Billing Number:

**URGENCY:**  Routine  FASTRACK: 10 business days (First available Consults for FASTRACK)

<input type="checkbox"/> Chest Pain Clinic	<input type="checkbox"/> SPOT / RASH clinic (Dr. Sharma)	<b>TESTING ONLY</b>
<input type="checkbox"/> Exercise Stress Test Consult	<input type="checkbox"/> Skin disease consult (Dr. Sharma)	
<input type="checkbox"/> Exercise Stress Echo Consult	<input type="checkbox"/> Liver Disease (Dr. Saeidi)	
<input type="checkbox"/> Arrhythmia / Palpitations	<input type="checkbox"/> Benign Hematology (Dr. Saeidi)	
<input type="checkbox"/> Chronic Coronary Artery Disease	<input type="checkbox"/> Kidney Assessment (Dr. Krishnan)	
<input type="checkbox"/> Heart Murmur Assessment	<input type="checkbox"/> Peri Operative Evaluation (POEM)	
<input type="checkbox"/> Heart Failure Management	<input type="checkbox"/> Diabetes Management	
<input type="checkbox"/> Hypertension Management	<input type="checkbox"/> Medical Weight Loss	
<input type="checkbox"/> TIA / Stroke Prevention Clinic	<input type="checkbox"/> Wellness / Primary Prevention	
<input type="checkbox"/> Valve disease Clinic	<input type="checkbox"/> Internal Medicine Consult	

**Additional Information:** Please enclose relevant testing results other than blood tests

<input type="checkbox"/> FIRST AVAILABLE PHYSICIAN	<input type="checkbox"/> Dr. Behtash Saeidi
<input type="checkbox"/> Dr. Anuja Sharma	<input type="checkbox"/> Dr. Rajesh Krishnan (FAX: 1-855-918-3563)
<input type="checkbox"/> Dr. Mukesh Bhargava	<input type="checkbox"/> Dr. Rishi K Bhargava (FAX: 905-721-8564)