

## 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)

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|--|--|---------------------|
| <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"/> Respiriology Consult (Dr. Adarkwah) |                     |
| <input type="checkbox"/> Cardiac Syncope Assessment      | <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"/>   |
| <input type="checkbox"/> Dr. Anuja Sharma          | <input type="checkbox"/> Dr. Behtash Saeidi                        |
| <input type="checkbox"/> Dr. Mukesh Bhargava       | <input type="checkbox"/> Dr. Rajesh Krishnan (FAX: 1-855-918-3563) |
| <input type="checkbox"/> Dr. Obed Adarkwah         | <input type="checkbox"/> Dr. Rishi K Bhargava (FAX: 905-721-8564)  |