



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"/> Exercise Stress Test + Consult <input type="checkbox"/> Exercise Stress Echo + Consult <input type="checkbox"/> Arrhythmia / Palpitations <input type="checkbox"/> Chronic Coronary Artery Disease <input type="checkbox"/> Heart Murmur Assessment <input type="checkbox"/> Heart Failure Management <input type="checkbox"/> Hypertension Management <input type="checkbox"/> TIA / Stroke Prevention Clinic <input type="checkbox"/> Valve disease Clinic <input type="checkbox"/> Cardiac Syncope Assessment	<input type="checkbox"/> SPOT / RASH clinic (Dr. Sharma) <input type="checkbox"/> Skin disease consult (Dr. Sharma) <input type="checkbox"/> Liver Disease (Dr. Saeidi) <input type="checkbox"/> Benign Hematology (Dr. Saeidi) <input type="checkbox"/> Kidney Assessment (Dr. Krishnan) <input type="checkbox"/> Peri Operative Evaluation (POEM) <input type="checkbox"/> Diabetes Management <input type="checkbox"/> Medical Weight Loss <input type="checkbox"/> Wellness / Primary Prevention <input type="checkbox"/> Respiriology Consult (Dr. Adarkwah) <input type="checkbox"/> Internal Medicine Consult	<b style="color: red;">TESTING ONLY</b>  <input type="checkbox"/> Echocardiogram <input type="checkbox"/> 2-day Holter monitor <input type="checkbox"/> 3-day Holter monitor <input type="checkbox"/> 7-day Holter monitor <input type="checkbox"/> 2-week Holter monitor <input type="checkbox"/> Ankle Brachial Index <input type="checkbox"/> ABPM (Charge \$ 60)
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**Additional Information:** Please enclose relevant testing results other than blood tests

<input type="checkbox"/> <b style="color: red;">FIRST AVAILABLE PHYSICIAN</b>	<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)