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Patien	Name	
Healthcard Number		DOB
		Cell Phone
Referring Doctor		Fax Number
Reaso	on for Referral	
	ces Required	
0000000	2D ECHO-DOPPLER STRESS ECG STRESS ECHOCARDIOGRAM HOLTER MONITOR 24 48 7 DAY 14 DAY 7 DAY ICENTIA (WATERPROOF) BP MONITOR (\$50.00 CASH OR CHEQUE) ECG	