



**TORONTO
HEART CENTRE**

2300 Yonge Street, Suite 906, Toronto, Ontario, M4P 1E4
Website: www.torontoheartcentre.ca

Tel: (647) 776-2500 Fax: (647) 260-0279 Email: referrals@torontoheartcentre.ca

Our Team

Cardiologists

- Dr. Beth Abramson
- Dr. Kamran Ahmad
- Dr. Abdul Al-Hesayen
- Dr. Chi-Ming Chow
- Dr. Robert Chisholm
- Dr. Kim Connelly
- Dr. Paul Dorian
- Dr. Jeremy Edwards
- Dr. Neil Fam
- Dr. David Fitchett
- Dr. Michael Freeman
- Dr. Shaun Goodman
- Dr. Anthony Graham
- Dr. John Joseph Graham
- Dr. Victoria Korley
- Dr. Michael Kutryk
- Dr. Howard Leong-Poi
- Dr. Iqwal Mangat
- Dr. Gordon Moe
- Dr. Juan Carlos Monge
- Dr. Thomas Parker
- Dr. Andrew Yan

Services Offered:

- Consultations:**
- General Cardiology
- Cardiac Arrhythmia
- Heart Failure
- Valvular Heart Disease
- Hypertension
- Cardiac Risk Assessment

Diagnostic Testing:

- Echocardiography
- Holter Monitoring
- Loop Monitoring
- Stress Testing
- Stress Echo
- Ambulatory BP Monitor
- Vascular Ultrasound
(at St. Michael's Hospital)
- Nuclear Cardiology
(at St. Michael's Hospital)

Patient Name: _____

Health Card: _____ **D.O.B.:** _____

Phone No. (O) _____ **(C)** _____ **(H)** _____

Email: _____ **Gender:** _____

Patient Address: _____

Consultation (Please forward the most recent test results)

- First available cardiologist Dr. _____
- Please arrange for cardiology consultation to review test results

I request the following tests be done as deemed necessary

Diagnostic Tests (Please see back for patient instructions)

At Heart Centre Site (2300 Yonge St.) – Cardiovascular Diagnostics

- Echocardiography ECG
- Exercise Stress Test (GXT) Exercise Stress Echo
- 24-hour Holter Monitoring 48-hour Holter Monitoring
- Loop Monitoring Ambulatory Blood Pressure Monitor

At St. Michael's Hospital Site (30 Bond St.) – Vascular Ultrasound

- Carotid Abdominal Aorta Aneurysm ABI Screening
- Arterial Lower Extremity Arterial Upper Extremity
- Venous Lower Extremity Venous Upper Extremity

At St. Michael's Hospital Site (30 Bond St.) - Nuclear Cardiology

- Myocardial Perfusion (MIBI) Exercise Persantine Dobutamine
- Ventricular function (MUGA) Rest Exercise

Reason for Referral: _____

Referring Physician Signature: _____

Billing No. _____ **Date:** _____

Address: _____

Tel: _____ **Fax:** _____