



PARIS
Heart Clinic

www.parisheartclinic.com

CARDIOLOGY REQUISITION

Paris Heart Clinic
Curtis Ave., North, Unit 105
Paris, ON N3L 3V3

Tel: 226-806-5833
Fax: 855-794-0966

PATIENT INFORMATION:

NAME: _____ D.O.B: _____	APPOINTMENT
ADDRESS: _____	DATE: _____
PHONE #: _____ OHIP#: _____ WEIGHT: _____	TIME: _____
	* PLEASE ARRIVE 10 MIN. BEFORE YOUR APPT. TIME. *48 HOURS NOTICE FOR CANCELLATIONS.

CLINICAL INFORMATION _____ _____ _____ _____	REFERRING PHYSICIAN _____ ADDRESS _____ TEL/FAX _____ OHIP BILLING # _____ SIGNATURE _____ COPY TO _____
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CARDIOLOGY

- 12-LEAD ELECTROCARDIOGRAM**
- STRESS TEST (EXERCISE ONLY - GXT)**
- ECHOCARDIOGRAM (Colour Doppler)** Please select one of the following indications:
 - Chest Pain
 - Hypertension
 - Syncope
 - Murmur
 - Palpitations/Arrhythmias
 - Congestive Heart Failure
- Other: _____
- Holter Monitoring**
 - 24 hrs.
 - 48 hrs.
 - 72 hrs.
 - Other: _____
 - LOOP/Cardiac Event (2 weeks)
 - 24 hr BP Monitor (\$80.00 cash only - (Not covered by OHIP)

CARDIOLOGY CONSULTATION

- Consultation Requested**
- URGENT**
- First available appointment
- Dr. _____
- Consult if test result positive / abnormal**