

Edmonton Consultants

Adult Cardiology
#350, 11010 – 101 Street
Edmonton T5H 4B9
Phone: (780) 428-3246
Fax: (780) 425-0487

Priority for Testing: Routine Urgent

Patient Name: _____	AHC: _____
Address: _____	Phone: _____
DOB: (mmm/dd/year) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: _____	Cellphone: _____

SOONEST AVAILABLE PLEASE (Please Check ONE Box)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Dr. Ibrahim Bader | <input type="checkbox"/> Dr. Debraj Das | <input type="checkbox"/> Dr. Tyler Lamb | <input type="checkbox"/> Dr. Sudheer Sharma |
| <input type="checkbox"/> Dr. Marc Benoit | <input type="checkbox"/> Dr. Micha Dorsch | <input type="checkbox"/> Dr. Raymond Leung | <input type="checkbox"/> Dr. Ben Tyrrell |
| <input type="checkbox"/> Dr. Neil Brass | <input type="checkbox"/> Dr. Theodore Fenske | <input type="checkbox"/> Dr. Kenneth O'Reilly | <input type="checkbox"/> Dr. Nazneem Wahab |
| <input type="checkbox"/> Dr. Michael Chan | <input type="checkbox"/> Dr. Alan Jones | <input type="checkbox"/> Dr. Keysun Ranjbar | |

CONSULTATION

MIBI (Myocardial Perfusion Imaging Scan)

STRESS TEST: CAN PATIENT WALK EASILY ON TREADMILL? YES NO
Is the referring physician an Internist? YES NO

Reason for Consult _____
Patient History: _____

Pre-test Probability IHD: Low _____ Medium _____ High _____
Indication: Diagnosis of Ischemia _____ Prognosis assessment in know CAD _____

* Please enclose all relevant information and current medications

24 HOUR HOLTER MONITOR

24 HOUR BLOOD PRESSURE MONITOR

ECHOCARDIOGRAM:

Reason for Test / Diagnosis: _____
Valvular Heart Disease (known or suspected) AV _____ MV _____ TV _____ PV _____
Other (please indicate) _____ <input type="checkbox"/> Saline Contrast
Is a prosthetic valve present? Yes _____ No _____ Details: _____
Is a pacemaker / defibrillator present? Yes _____ No _____

Referring Physician : _____
Phone & Fax : _____
Family Physician : _____
Phone & Fax : _____