

# QUEENSTON CARDIOLOGY

203 - 631 Queenston Road  
Hamilton, ON L8K 6R5

Tel: 905-578-6556  
Fax: 905 579-8032



**Date of Referral:** currentDate.default

**Patient Name:** patName **Gender:** ☐ M or ☐ F

**Address:** patStreetAddress **DOB:** patBirthdate.short  
patCityAddress, patProvince patPostalCode **OHIP:** patHN **VC:** ...nCode

**Tel:** patHomePhone.default **Tel:** patMobilePhone.default

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**Referring Doctor (please print):** patMdName

**Billing #:** patMdPhysNum **Email:** \_\_\_\_\_

**Address:** patMdAddress

**Tel:** currMdPhone.default

**Signature:**

**Reason for Referral:**

**Please check one** ♥

♥ **Cardiology Consultation:** Please forward consult letter, results of all pertinent investigations, most recent bloodwork

**CARDIAC TEESTING:**

- ♥ ☐ **ECG - Electrocardiogram**
- ♥ ☐ **Excerise ECG Stress Test (Treadmill)**
- ♥ ☐ **Stress ECHO - Stress Echocardiogram**
- ♥ ☐ **ECHO - 2D Colour Doppler Echocardiography**
- ♥ ☐ **LER - Cardiac Loop and Event Recorder (14 days)**
- ♥ ☐ **Holter Monitor - 24 hrs**
- ♥ ☐ **Holter Monitor - 48 hrs (\_\_\_\_\_ 72 hrs also available)**
- ♥ ☐ **Spirometry**
- ♥ ☐ **ABPM - Ambulatory Blood Pressure Monitor** (\$40. fee not covered by OHIP )

**Appointment Date / Time:** \_\_\_\_\_