



**LEBOVIC JEWISH COMMUNITY CAMPUS**

9600 Bathurst Street, Suite 305  
Vaughan, Ontario L6A 3Z8  
Tel (416) 588-3788  
Fax (416) 588-5633  
Web www.vaughanheart.ca

**Patient Information**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Tel: \_\_\_\_\_  
OHIP #: \_\_\_\_\_

**Referring MD Information**

Name: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Billing: \_\_\_\_\_  
 Elective  Priority

**Copy:**

**Clinical History**

**Always bring health card and medications to clinical visits.**

**Referring MD Signature**

**Clinical Consultation**

**Referring MD agrees to have consulting MD order necessary tests on their behalf.**

- First available MD  Specific MD  Smoking Cessation Program

**Echocardiography** (includes ECG)

**Before TEE: Nothing to eat or drink (except medications) for 12 hr.  
After TEE: Nothing to eat or drink for 2 hrs. No driving for 24 hr.**

- Transthoracic Echocardiogram (TTE)  
 Contrast (Definity®): LV Echocardiogram - in addition to TTE or Stress Echocardiogram  
 Transesophageal Echocardiogram (TEE) - done at hospital  
 Shunt Evaluation: Saline Contrast ("Bubble study") - in addition to TTE or TEE  
 Stress Echocardiogram ( Exercise Treadmill,  Exercise Bike)

**Nuclear Cardiology**

**Do not consume caffeinated foods or beverages 24 hr before Perfusion Scans.**

- Exercise Perfusion & Function Scan  
 Pharmacologic Perfusion & Function Scan ( supine  walk protocol)  
 MUGA Scan: Ventricular function & Volumes

**Ambulatory Testing**

- ECG (no appointment necessary)  Holter Monitor:  24 hr  48 hr  72 hr  14 day  
 Exercise Treadmill  14-day Event (Loop) Recorder  
 Pacemaker / ICD Interrogation  Holter or Loop hook up at patient's home / personal location  
 Ambulatory Blood Pressure (Charged to Patient)

**Vascular Imaging**

- Carotid Doppler  Renal Artery Doppler  Venous Doppler (DVT)  
 Upper Extremity Artery Doppler  Femoral Artery Doppler  Varicose Veins  
 Radial Artery & Compression  Ankle Brachial Index (ABI)  Saphenous Vein Mapping  
 Abdominal Aorta  Lower Extremity Artery Doppler [Internal use only]  
 Bilateral (default) unless right or left specified  Left  Right