Edmonton Cardiology Consultants

Adult Cardiology
#350, 11010 – 101 Street
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Priority for Testing: ☐ **Routine** ☐ **Urgent**

Patient Name: _____ **AHC:** _____
Address: _____
_____ **Phone:** _____
DOB: (mmm/dd/year) _____ **Gender:** ☐ Male ☐ Female
Email Address:_____ **Cellphone:** _____

☐ **SOONEST AVAILABLE PLEASE** ***(Please Check ONE Box)***

☐ Dr. Ibrahim Bader	☐ Dr. Debraj Das	☐ Dr. Tyler Lamb	☐ Dr. Sudheer Sharma
☐ Dr. Marc Benoit	☐ Dr. Micha Dorsch	☐ Dr. Raymond Leung	☐ Dr. Benjamin Tyrrell
☐ Dr. Neil Brass	☐ Dr. Theodore Fenske	☐ Dr. Kenneth O'Reilly	☐ Dr. Sanam Verma
☐ Dr. Bradley Brochu	☐ Dr. Alan Jones	☐ Dr. Keysun Ranjbar	☐ Dr. Nazneem Wahab
☐ Dr. Michael Chan			

☐ **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** ☐ **48 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) _____ ☐ 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 : _____