

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

SOONEST AVAILABLE PLEASE (*Please Check ONE Box*)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Dr. Kenneth O'Reilly | <input type="checkbox"/> Dr. Theodore Fenske | <input type="checkbox"/> Dr. Nazneem Wahab | <input type="checkbox"/> Dr. Sudheer Sharma |
| <input type="checkbox"/> Dr. William Hui | <input type="checkbox"/> Dr. Po Kee Cheung | <input type="checkbox"/> Dr. Raymond Leung | <input type="checkbox"/> Dr. Benjamin Tyrrell |
| <input type="checkbox"/> Dr. Neil Brass | <input type="checkbox"/> Dr. Alan Jones | <input type="checkbox"/> Dr. Micha Dorsch | <input type="checkbox"/> Dr. Evan Lockwood (Electrophysiology) |
| <input type="checkbox"/> Dr. Randall Williams | <input type="checkbox"/> Dr. Michael Chan | <input type="checkbox"/> Dr. Keysun Ranjbar | <input type="checkbox"/> Dr. Ibrahim Bader |
| | | | <input type="checkbox"/> Dr. Aws Alherbish |

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: _____

Indication: Diagnosis of Ischemia _____ Prognosis assessment in know CAD _____

* Please enclose all relevant information and current medications

24 HOUR HOLTER 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 : _____