RIVERSIDE
CARDIOLOGY AND DIAGNOSTIC IMAGING

5 Junction Road, Toronto, ON M6N 1B5
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www.riversideclinic.ca

APPOINTMENT DAY _____ TIME _____
DD / MM / YYYY

CONSULTATION

CARDIOLOGY

- ☐ FIRST AVAILABLE
- ☐ DR. ANSELM
- ☐ DR. CHOI
- ☐ DR. DRZYMALA
- ☐ DR. FISHER
- ☐ DR. JAIDKA
- ☐ DR. LOGSETTY
- ☐ DR. MAZE
- ☐ DR. MITOFF
- ☐ DR. RAISSI

PLEASE INCLUDE ALL RECENT/RELEVANT TESTS AND INVESTIGATIONS

PATIENT'S NAME _____ **DOB** _____
DD / MM / YYYY

ADDRESS _____ **POSTAL CODE** _____

PHONE# HOME _____ **CELL** _____

EMAIL _____

OHIP# _____ **CITY** _____

REASON FOR REFERRAL

CARDIOLOGY TESTING

ECHOCARDIOGRAM

- ☐ TRANSTHORACIC
- ☐ CONTRAST
- ☐ BUBBLE STUDY
- ☐ STRESS ECHO

MYOCARDIAL PERFUSION IMAGING

- ☐ EXERCISE
- ☐ PERSANTINE
- ☐ GRADED EXERCISE STRESS TEST (GXT)
- ☐ MUGA SCAN

HOLTER MONITOR

- ☐ 24 HOURS
- ☐ 48 HOURS
- ☐ 72 HOURS
- ☐ 7 DAYS
- ☐ 14 DAYS

- ☐ **12 LEAD ECG**
- ☐ **AMBULATORY BLOOD PRESSURE MONITOR**
  (not covered by OHIP - patient to pay $85)

NON CARDIAC TESTING

- ☐ **BMD**
  - ☐ BASELINE
  - ☐ HIGH RISK

DATE OF LAST BMD _____
DD / MM / YYYY

- ☐ **BONE SCAN**
  - ☐ TOTAL BODY
  - ☐ SITE SPECIFIC _____
- ☐ **OTHER NUCLEAR** _____

REFERRING PHYSICIAN _____

ADDRESS _____

PHONE# _____ **FAX** _____

COPY TO _____

SIGNATURE _____ **REFERRING #** _____

DATE _____
DD / MM / YYYY

$200 WILL BE CHARGED FOR LAST MINUTE CANCELLATIONS & MISSED APPOINTMENTS

PLEASE INFORM STAFF IF YOU ARE PREGNANT, BREAST FEEDING, OR WILL BE TRAVELLING IN THE NEXT 72 HOURS

THIS REQUISITION CAN BE TAKEN TO ANY LICENSED FACILITY PROVIDING HEALTHCARE SERVICES INCLUDING HOSPITALS OR INDEPENDENT HEALTH FACILITIES

If you need to change your appointment call 416.766.1162
For instructions see reverse or visit our website at www.riversideclinic.ca