Request for diagnostic study  echocardiogram

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NB Diagnostic Services

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24/48 hour holter

**INSTRUCTIONS**

click on a box to select, click again to deselect

type in the greyed areas

when completed, save this document as:

***NB-referral-[patient full name]***

email the document to nbcardiologist@gmail.com

ECG

stress test

consult if positive

BP monitor ($60)

Request for consult

Patient name:

DOB:

Phone number:

Referring physician name and billing #:

Date:

**REASON FOR REFERRAL**

chest pain  stroke/TIA

dyspnea  CHF

palpitations  atrial fibrillation

syncope  other arrhythmia

hypertension  murmur/valve disease

with MAU or reduced GFR  abnormal ECG

with diabetes  other (please specify)

CAD screen in diabetic patient [     ]

**ESTIMATED URGENCY MEDICATIONS**

URGENT (to be seen within 1 week)

ELECTIVE (can wait >1 week)

**Please email completed form to nbcardiologist@gmail.com**

**APPOINTMENT DATE & TIME (to be completed by office staff):**