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):**