



GENERAL INFORMATION

TRANSLATION

PATIENT INFORMATION (LABEL):

Name (Last, First)	DOB (MM/DD/YYYY)	Gender
Health Card Number	Version Code	Phone #

Does the patient require a translator?
Assistance available in:*

- Arabic French Bengali
 Polish Urdu Turkish
 Italian Tagalog

*Translation assistance subject to availability.

REFERRING PHYSICIAN:

Referring MD	Phone #	Fax #
Billing #	Date (MM/DD/YYYY)	Signature

COPY TO: _____

REQUEST

Urgent Routine

- Walk-in Services:** ECG Real-time Loop Monitor
 Echo Real-time Holter Monitor
 24HR BP Monitor (\$30) 3-Day 7-Day

- By App't Only:** Cardiac Consult
 Stress Echo & Consult
 Dobutamine Stress Echo

If diagnostic test is abnormal, please automatically arrange for Cardiac Consultation

REASON FOR REFERRAL

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Murmur | <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Screening Cardiomyopathy |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> TIA/Stroke | <input type="checkbox"/> Equivocal Treadmill Stress Test | <input type="checkbox"/> Cardiac Risk Assessment / Screening |
| <input type="checkbox"/> Post CABG | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Valvular Heart Disease | <input type="checkbox"/> Diabetic Cardiovascular Screening |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> CAD Management | <input type="checkbox"/> Abnormal CXR | <input type="checkbox"/> Presyncope / Dizziness / Lightheadedness |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> CHF (Systolic / Diastolic) | |
| <input type="checkbox"/> Palpitation | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath | |
| <input type="checkbox"/> Other: _____ | | | |

CARDIOLOGY CONSULTATION

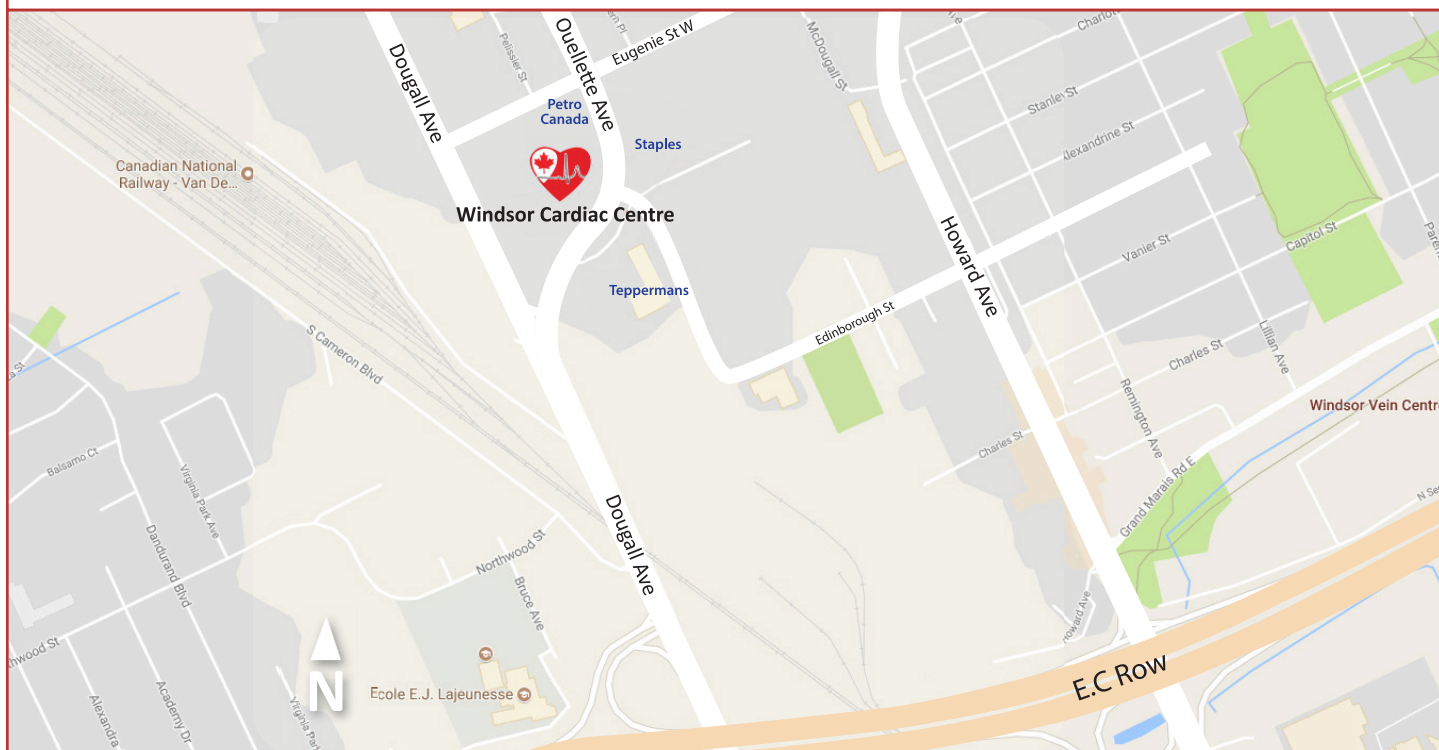
- Dr. Tarhuni Dr. Lubanski Dr. Farag Dr. Abdel-Latif First Available

Please bring ALL of your medications (in their original containers) to your appointment

*Translation assistance is subject to availability. Please inquire for further details.



LOCATION



TEST PREPARATION

Please bring ALL of your medications (in their original containers) to your appointment

Loop And Holter Monitor

These monitors record your heart's electrical activity, over a specified period of time, in order to detect abnormal heart rhythms.

- Your technician will show you how to remove the monitor prior to showering. You cannot shower while wearing these monitors.
- Do not apply lotion, perfume or powder to the chest area prior to appointment.

Stress Echocardiogram (Exercise Stress Echo)

Uses sound waves (ultrasound) to create pictures of your heart after exercising on a treadmill. Time: approximately 30 - 45 minutes.

- Eat a light breakfast or lunch only. Please do not eat a large meal.
- Wear comfortable clothing (2 piece outfit) and running shoes.
- Please consult with your ordering physician about holding your heart medications prior to testing.

Electrocardiogram (ECG)

Checks how your heart is functioning by measuring its' electrical activity. Time: approximately 15 minutes.

- Do not apply lotion, perfume or powder to the chest area prior to appointment.

Echocardiogram (Echo)

Uses sound waves (ultrasound) to create pictures of your heart. Time: approximately 30 - 45 minutes.

- Do not apply lotion, perfume or powder to the chest area prior to appointment.

Blood Pressure Monitor

A small wearable monitor, worn for 24 hours, that continuously checks your blood pressure.

- You cannot shower while wearing this monitor.
- Please wear comfortable clothing.

REF-WCC-REQF-2025



Windsor Cardiac Centre

Excellence in Patient-Centered Care

5-2545 Ouellette Ave
Windsor, ON N8X 1L9
T: 519-250-4449
F: 519-250-7807