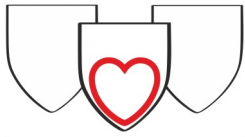


Heart Care*



Personalized Heart Care

Heart Care

www.heartcarecanada.com | www.cardiacrehab.ca

372 King St West, Oshawa, L1J 2J9

Phone: 905.721.1999
Fax: 905.721.8564

FAX REFERRAL TO 905.721.8564

Patient Name:		Patient Address:
Date of Birth:		
Health Card Number:		
Referring Physician:		
Patient Phone Number:		

- Dr. Rakesh Bhargava
- Dr. Rishi Handa
- Dr. Rishi Bhargava
- FASTRACK**
(within 7 business days)
- First available specialist**

<u>CONSULTATIONS</u>	<u>CLINICS</u>	<u>DIAGNOSTIC TESTS</u>
<input type="checkbox"/> Cardiology Consultation	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Holter Monitor (48 or 72 Hour)
<input type="checkbox"/> Internal Medicine Consultation	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Holter Monitor 7 / 14 / 30 Day
<input type="checkbox"/> Vascular Surgery	<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> 24 Hour BP Monitor
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Electrophysiology, St. Michael's	<input type="checkbox"/> Echocardiography (Adult & Peds)
<input type="checkbox"/> Stress Echo & Consultation	<input type="checkbox"/> TIA & Syncope	<input type="checkbox"/> Contrast Echo (Adult)
<input type="checkbox"/> Stress Test & Consultation	<input type="checkbox"/> Valvular Disease	<input type="checkbox"/> Femoral and/or Carotid Doppler
<input type="checkbox"/> Cardioversion & Consultation	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nuclear Stress Test
	<input type="checkbox"/> Cardiac Rehab	<input type="checkbox"/> Coronary CT Angiography
	<input type="checkbox"/> Lipidology	<input type="checkbox"/> Transesophageal Echo (TEE)

Clinical Information:

Referring MD
Name

Referring MD
Signature

Referring MD
OHIP Billing Number

Appointments:

Date: Time:
Date: Time: