



Personalized Heart Care

Phone: 905 721 1999
Fax: 905 721 8564

Heart Care

www.heartcarecanada.com

www.cardiacrehab.ca

Medical Sciences Building , 372 King Street West, Oshawa, L1J 2J9

FAX REFERRAL TO 905-721-8564

Patient Name: _____
Date of Birth: _____ Address: _____
Health Card Number: _____
Referring Physician: _____ OHIP # _____
Patient Best Phone Number: _____

- Dr. Rakesh Bhargava **FASTRACK**
 Dr. Rishi Bhargava (within 7 business days)
 Dr. Behtash Saeidi

CONSULTATIONS

CLINICS

CLINICS

<input type="checkbox"/> Cardiology Consultation	<input type="checkbox"/> Chest Pain Clinic: Consultation & Stress Test	<input type="checkbox"/> TIA /Syncope Clinic
<input type="checkbox"/> Internal Medicine Consultation	<input type="checkbox"/> Advanced Heart Failure Clinic	<input type="checkbox"/> Heart Care Valve Clinic
<input type="checkbox"/> Vascular Surgery	<input type="checkbox"/> Arrhythmia Clinic	<input type="checkbox"/> Diabetes Management
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> EP Specialists. St. Michael's	<input type="checkbox"/> Cardiac Rehab
DIAGNOSTIC TESTS		
<input type="checkbox"/> Stress Echo and Consultation	<input type="checkbox"/> Holter Monitor (48 Hour OR 72 h)	<input type="checkbox"/> Carotid Doppler
<input type="checkbox"/> Stress Test and Consultation	<input type="checkbox"/> Holter Monitor 7 / 14 / 30 Day	<input type="checkbox"/> Femoral Doppler
<input type="checkbox"/> Transesophageal Echo (TEE)	<input type="checkbox"/> 24 Hour BP Monitor	<input type="checkbox"/> Cardiolite Stress Test
<input type="checkbox"/> Contrast Echo	<input type="checkbox"/> Echo Doppler (Adult & Pediatric)	<input type="checkbox"/> Cardiolite Persantine

Clinical Information: _____

Referring MD
Name & Signature

Referring MD Billing no.

Appointment confirmed with patient:

Date: Time:

Date: Time: