

5 Junction Road, Toronto, ON M6N 1B5 **T** 416.766.1162 **F** 416.766.0463

www.riversideclinic.ca

	APPOINTMENT DAY		TIME
		DD / MM /YYYY	
CONSULTATION	PATIENT'S NAME		DOB
CARDIOLOGY	ADDRESS		
FIRST AVAILABLE	PHONE# HOME		
DR. ANSELM			
DR. CHOI	EMAIL		
DR. DRZYMALA	OHIP#	CITY	
DR. FISHER	REASON FOR REFERRAL		
DR. LOGSETTY	REASON FOR REFERRAL		
DR. MAZE			
DR. MITOFF			
PLEASE INCLUDE ALL			
RECENT/RELEVANT TE	STS		
AND INVESTIGATIONS			
CARDIOLOGY TESTING	G		
ECHOCARDIOGRAM	MYOCARDIAL PERFUSION IMAGING	HOLTER MONITOR	☐ 12 LEAD ECG
O TRANSTHORACIC	○ EXERCISE	○ 24 HOURS	☐ AMBULATORY
O CONTRAST	O PERSANTINE	O 48 HOURS	BLOOD PRESSURE MONITOR
○ BUBBLE STUDY	☐ GRADED EXERCISE STRESS TEST (GXT)	○ 72 HOURS○ 7 DAYS	(not covered by OHIP - patient to pay \$85)
☐ STRESS ECHO	☐ MUGA SCAN	○ 7 DAYS	patient to pay 4007
NON CARDIACTECTIA	10		
NON CARDIAC TESTIN	REFERRING PHYSICIAN		
□ BMD	ADDRESS		
O BASELINE	PHONE#	FAX	
O HIGH RISK DATE OF LAST BMD	соруто		
	M/YYYY SIGNATURE	REFERRING # _	
☐ BONE SCAN	DATE		
O TOTAL BODY	DD / MM /YYYY		
○ SITE SPECIFIC	\$200 WILL BE CHARGED FOR LAST MINUTE CAN		
☐ OTHER NUCLEAR	PLEASE INFORM STAFF IF YOU ARE PREGNANT, IN THE NEXT 72 HOURS	, BREAST FEEDING, OR WILL	BE TRAVELLING

If you need to change your appointment call 416.766.1162
For instructions see reverse or visit our website at www.riversideclinic.ca

THIS REQUISITION CAN BE TAKEN TO ANY LICENSED FACILITY PROVIDING HEALTHCARE SERVICES INCLUDING HOSPITALS OR INDEPENDENT HEALTH FACILITIES