

LOCATIONS:

Windsor • Essex • LaSalle • Leamington
Lakeshore • Kingsville

PATIENT INFORMATION

Name: ☐ M ☐ F

Healthcard #: Version Code:

Primary Phone #: DOB:

Secondary Phone #:

REFERRING PHYSICIAN INFORMATION

MD Name/Signature:

MD Billing number: Date:

Phone #:

Fax #:

URGENCY

☐ ROUTINE ☐ SEMI-URGENT ☐ URGENT

TESTING

ECHOCARDIOGRAPHY

Stress Echo

☐ With Consult

☐ Test Only

☐ 2D Echocardiogram

NUCLEAR CARDIOLOGY

Myocardial Perfusion (MIBI)

☐ Exercise

☐ Persantine/Dobutamine

☐ MUGA

☐ Pyrophosphate (Amyloid)

☐ Viability

CARDIOLOGY / OTHER

Holter: ☐ 24-72 hr ☐ 7-14 day

☐ 24 hr ABPM (\$35 not covered by OHIP)

☐ EKG/Electrocardiography

☐ If diagnostic test is abnormal, please automatically arrange for Cardiology Consultation.

INDICATIONS

☐ Chest Pain

☐ CHF

☐ Other: _____

☐ Dyspnea/Edema

☐ Murmur/Valvular Regurgitation

☐ Palpitations/Arrhythmia

☐ Screening/DM/HTN/HPL

PHYSICIAN ASSESSMENT AND CONSULTATION

☐ Dr. Dhssraj Singh

☐ Dr. Brian Hachey

☐ Dr. Roland Mikhail

☐ Dr. Dakshina Murthy

☐ No Preference

☐ Dr. Jeffrey Anchan

☐ Dr. Jonathan Toma

Please fax this form to 519-915-6326 or use the referral form at windsorheart.org



Your reliable partner in every patient's heart health journey!

Windsor Heart Institute

Your doctor has referred you to the Windsor Heart Institute.
You will receive a call with your appointment date and time.

Date _____ Time _____

Reminder: Please bring a complete list of medications with you at time of testing/consult.

DIAGNOSTIC TEST PREPARATION

For more detailed information about your exam please visit our website at windsorheart.org

LOCATIONS

Windsor

2464 Howard Ave, Suite 201

Windsor, ON N8X 3V6

Major cross roads: Howard Ave / Ypres Ave

Phone: 519-977-6643

Fax: 519-915-6326

Essex

186 Talbot St South, Suite A

Essex, ON N8M 1B6

Major cross roads: Talbot St South / Fairview Ave

Phone: 519-977-6643

Fax: 519-915-6326

LaSalle

LaSalle Community Healthcare Centre

2125 Front Rd

LaSalle, ON N9J 2C1

Major cross roads: Front Rd / International Ave

Phone: 519-977-6643

Fax: 519-915-6326

Leamington

Central Erie Shores Walk-in Clinic

33 Princess St

Leamington, ON N8H 5C5

Major cross roads: Erie St South / Mill St East

Phone: 519-977-6643

Fax: 519-915-6326

Lakeshore

Lakeshore Med Arts

1303 County Rd 22, Suite 120B

Belle River, ON N8R 1A0

Major cross roads: County Rd 22 / Rourke Line

Phone: 519-977-6643

Fax: 519-915-6326

Kingsville (COMING 2024)

200 Main St East

Kingsville, ON N9Y 1A6

Major cross roads: Main St East / Wigle Ave

Phone: 519-977-6643

Fax: 519-915-6326

☐ ECHOCARDIOGRAM (ECHO)

Time: approximately 45 - 60 minutes.

PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

☐ EXERCISE STRESS ECHO

Time: approximately 1 - 2 hours.

PREP:

- Light meal 3 hours prior to exercise stress test
- No caffeine for 4 hours prior
- Wear light comfortable clothing and running shoes

☐ HOLTER MONITOR/ELECTROCARDIOGRAM (EKG)

Time: approximately 15 minutes

PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

☐ BLOOD PRESSURE MONITOR

Time: approximately 15 minutes.

PREP:

- You will not be able to shower while wearing this monitor.
- Wear comfortable clothing.

Fee: \$35 charge

(Some insurance companies will reimburse a portion, or all of the charge, as it is not covered by OHIP.)

☐ MYOCARDIAL PERFUSION/DOBUTAMINE STRESS

PREP:

- No caffeine (coffee, tea, chocolate, cola, Tylenol 3) for 24 hours prior to the test.
- Fast for 2 hours prior to the test unless you are diabetic.
- Wear loose, comfortable clothing and running shoes if scheduled for exercise stress test.
- Bring a list of current medications.
- Instructions for holding medications prior to the test will be given at time of booking.

☐ CARDIAC CONSULT

Time: approximately 15-30 minutes

- Wait times depend on number of Cardiologists in clinic and urgent patient assessments.