



FLO CARDIO

PATIENT REFERRAL FORM

REFERRING PHYSICIAN:

BILLING #

REFERRING PHYSICIAN PHONE:

REFERRING PHYSICIAN FAX:

Dr. Saif Al-Mousawy | Dr. Mian Muhammad Ali Akram | Dr. Gurpreet Jaswal | Dr. M. Hashim Khan

NAME:

D.O.B. (dd/mm/yy):

GENDER: MALE FEMALE

HEALTH CARD:

ADDRESS:

TELEPHONE:

DATE

SEE PATIENT FOR:

CARDIOLOGY

- CARDIOLOGY CONSULTATION
- TESTING ONLY

RESPIROLOGY

- RESPIROLOGY CONSULTATION WITH DR. HASHIM KHAN
- SPIROMETRY TESTING WITH RESPIROLOGY CONSULTATION

INDICATE REASON FOR CONSULT OR TESTING:

DIAGNOSTIC TESTING:

- 12 Lead ECG
- Exercise Stress ECHO
- Echocardiogram:
 - IV Contrast
 - Bubble Study ECHO
- Ambulatory Blood Pressure Monitor (Not covered by OHIP)
- Holter Monitor
 - 48h
 - 72h

PRIORITY:

- URGENT (<1 week)
- SEMI URGENT (2-4 weeks)
- ELECTIVE (>1 month)

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