



**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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