



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

STROKE AND TIA REFERRAL

NAME:

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

GENDER: MALE FEMALE

HEALTH CARD:

ADDRESS:

TELEPHONE:

DATE:

SEE PATIENT FOR:

- STROKE AND TIA Consultation with Dr. Gurpreet Jaswal**
- Cardiology Consultation
- Respiriology 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)

PHONE 905-829-8269
FAX 905-828-1690

Unit 550 - 2525 Old Bronte Road, Oakville, ON L6M 4J2
info@flocardiovascular.ca
FLOCARDIOVASCULAR.CA