FRASER CARDIOLOGY ASSOCIATES INC.

#301-2180 Gladwin Rd
Abbotsford, BC, V2S 0H4
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Patient Referral Form

Fax to: (604) 870-9715

(Please include ALL relevant investigations, imaging reports, and blood work with referral)

Patient Information	Referring Physician
Name:	Name:
Address:	MSP:
Contact Number:	Office Address:
Date of Birth:	Office Phone/Fax Number:
PHN:	

Clinical Information/Indications: _____

_____

_____

CARDIOLOGY CONSULTATION

☐ 1st Available

- ☐ Dr. Perminder Bains
- ☐ Dr. Hardeep Bhugra
- ☐ Dr. Andy Dhaliwal
- ☐ Dr. Nader Elmayergi
- ☐ Dr. Osama Gusbi
- ☐ Dr. Nav Malhi
- ☐ Dr. Saman Rezazadeh
- ☐ Dr. Naser Sayeh

☐ Routine (Patient to be seen within 2-3 months)

☐ Semi Urgent (Patient to be seen within 4 weeks)

☐ Urgent (Patient to be seen within 1-2 weeks)

**** (Requires physician to physician phone consultation, fee code 14018)****

CARDIODIAGNOSTICS

☐ Graded Exercise Stress Test- Treadmill (GXT)

** Please refer to the ACC/AHA 2002 Guideline Update for Exercise Testing (J Am Coll Cardiol.2002;40(8):1531-1540) for the Indications and Absolute/Relative contraindications to GXT's.

☐ 24 Hour Holter Monitor

**Please refer to the 1999 ACC/AHA guidelines for ambulatory electrocardiography (J Am Coll Cardiol. 1999;34(3):912-948)

☐ Pacemaker ☐ ECG ☐ 14 Day Holter

If you require a Cardiology Consultation in addition to the above Cardiodiagnostics tests, please check the appropriate box under "Cardiology Consultation".

Signature of Referring Physician: _____ Date: _____