

# Referral Form

## York Cardiovascular Centre

50 Minthorn Blvd., #101  
Markham, ON L3T 7X8  
Tel: (905) 731-7832

(1) Consultation:  Dr. J. Bishinsky, FRCPC

(2) Testing:

- |   |   |
|---|---|
| <input type="checkbox"/> Stress Test              | <input type="checkbox"/> Stress Cardiolute      |
| <input type="checkbox"/> Stress Echo              | <input type="checkbox"/> Persantine Cardiolute  |
| <input type="checkbox"/> MUGA (resting)           |   |
| <input type="checkbox"/> Echocardiogram (CONECHO) |   |
| <input type="checkbox"/> 24HR Holter              | <input type="checkbox"/> Loop (14 day) Recorder |
| <input type="checkbox"/> 48HR Holter              | <input type="checkbox"/> 24HR BP Monitor        |

**Patient:** Name: \_\_\_\_\_

OHIP# \_\_\_\_\_

Tel: \_\_\_\_\_

Bar Code Sticker

**History:** \_\_\_\_\_

MD: \_\_\_\_\_

Billing #: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Fax to: 1-877-564-3926**

(Include ER / Clinic notes, ECG, ECHO, LAB, etc.)

# MARKHAM

