

Edmonton



Consultants

Adult Cardiology
#350, 11010 – 101 Street
Edmonton T5H 4B9
Phone: (780) 428-3246
Fax: (780) 425-0487

May 2025 Version

Priority for Testing: ☐ Routine ☐ Urgent

Patient Name: _____ AHC: _____
Address: _____ Phone: _____
DOB: (mmm/dd/year) _____ Gender: ☐ Male ☐ Female
Email Address: _____ Cellphone: _____

☐ SOONEST AVAILABLE PLEASE (Please Check ONE Box)

<input type="checkbox"/> Dr. Ibrahim Bader	<input type="checkbox"/> Dr. Michael Chan	<input type="checkbox"/> Dr. Tyler Lamb	<input type="checkbox"/> Dr. Sudheer Sharma
<input type="checkbox"/> Dr. Marc Benoit	<input type="checkbox"/> Dr. Debraj Das	<input type="checkbox"/> Dr. Raymond Leung	<input type="checkbox"/> Dr. Benjamin Tyrrell
<input type="checkbox"/> Dr. Neil Brass	<input type="checkbox"/> Dr. John Dimitry	<input type="checkbox"/> Dr. Keysun Ranjbar	<input type="checkbox"/> Dr. Sanam Verma
<input type="checkbox"/> Dr. Bradley Brochu	<input type="checkbox"/> Dr. Micha Dorsch		<input type="checkbox"/> Dr. Nazneem Wahab

☐ CONSULTATION ☐ STAT REPORT REQUIRED

☐ MIBI (Myocardial Perfusion Imaging Scan)

☐ STRESS TEST: CAN PATIENT WALK EASILY ON TREADMILL? YES ☐ NO ☐
Is the referring physician an Internist? ☐ YES ☐ NO

Reason for Consult _____
Patient History: _____

Pre-test Probability IHD: Low _____ Medium _____ High _____
Indication: Diagnosis of Ischemia _____ Prognosis assessment in known CAD _____
Potential contraindication: _____
* Please enclose all relevant information and current medications

☐ 24 HOUR HOLTER MONITOR Indication: _____

☐ 24 HOUR BLOOD PRESSURE MONITOR

☐ ECHOCARDIOGRAM:

Reason for Test / Diagnosis: _____
Valvular Heart Disease (known or suspected) AV _____ MV _____ TV _____ PV _____
Other (please indicate) _____ ☐ Saline Contrast
Is a prosthetic valve present? Yes _____ No _____ Details: _____
Is a pacemaker / defibrillator present? Yes _____ No _____

Referring Physician : _____
Phone & Fax : _____
Family Physician : _____
Phone & Fax : _____