

## Cardiac Diagnostics Requisition

Niagara Falls

St. Catharines

Welland

Consult

Consult if Abnormal

### Patient Information

No Consult

Name:

Phone No.:

OHIP No.:

DOB:

email:

Referring Dr:

Phone No:

Fax No:

### Clinical History

### Medications

### Diagnostic Test Required

<input type="checkbox"/>	<b>EKG</b>		
<input type="checkbox"/>	<b>Exercise Stress Test</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Evaluation of exercise capacity <input type="checkbox"/> Others		
<input type="checkbox"/>	<b>Holter Monitoring</b> <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours		
<input type="checkbox"/>	<b>Loop/Event Recorder EKG Monitoring</b>		
<input type="checkbox"/>	<b>Echocardiography</b> <input type="checkbox"/> Evaluation of Systolic Function <input type="checkbox"/> Evaluation of Diastolic Function <input type="checkbox"/> Evaluation of LV Hypertrophy <input type="checkbox"/> Evaluation of Valvular Structure • Mitral • Aortic • Tricuspid • Pulmonary <input type="checkbox"/> Evaluation of ischemia & CAD. <input type="checkbox"/> Others:		
<input type="checkbox"/>	<b>Ambulatory BP Monitoring</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Effect of treatment <input type="checkbox"/> R/O hypotension episodes		
<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>• Pharmacological Myocardial Perfusion Scan</b>  <input type="checkbox"/> Diagnosis of CAD    <input type="checkbox"/> Post MI Stratification  <input type="checkbox"/> Others </td> <td style="width: 50%; border: none;"> <b>• Exercise Myocardial Perfusion Scan</b>  <input type="checkbox"/> Preoperative evaluation </td> </tr> </table>	<b>• Pharmacological Myocardial Perfusion Scan</b> <input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification <input type="checkbox"/> Others	<b>• Exercise Myocardial Perfusion Scan</b> <input type="checkbox"/> Preoperative evaluation
<b>• Pharmacological Myocardial Perfusion Scan</b> <input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification <input type="checkbox"/> Others	<b>• Exercise Myocardial Perfusion Scan</b> <input type="checkbox"/> Preoperative evaluation		

Physician Signature:

Date:

Please Fax Requisition to 1-888-825-1148

[www.beshaymd.com](http://www.beshaymd.com)



Place sticker here

**Dr. Alfi Beshay, MD, FRCP(C)**  
165 Plymouth Rd, Suite C  
Welland, ON L3B 3E1  
[www.beshaymd.com](http://www.beshaymd.com)

**Tel: (905) 735-8131 Fax: (888) 825-1148**  
**Email: [office@beshaymd.com](mailto:office@beshaymd.com)**

Your doctor has made an outpatient referred for you to the independent Cardiac Diagnostic Clinic of Dr Alfi Beshay, a specialist in Internal Medicine. While his office will contact you, we recommend that you call the office in 2-3 business days if you do not hear from them.

His clinic is situated at 165 Plymouth Rd, Suite C in Welland, close to the hospital.

If before your appointment you think you are getting worse, please return to the Emergency Department for reassessment. Make sure you have discussed this and any other questions you have with the ER doctor or Nurse before you leave the ED.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at [www.niagaradocs.ca](http://www.niagaradocs.ca) or by calling Healthcare Connect Ontario at 1-800-445-1822. You can also call 211 during business hours for information from the Niagara Region about supports, including getting a family doctor.



**PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM**