

Dr SK SEAN CHIEW, MD FRCPC FACC
(S.K. Chiew Medicine Professional Corporation)
Consultant and Reviewing Cardiologist
American Society of Echocardiography Accredited
Level III Echocardiologist

FOURTH AVENUE CARDIAC CLINIC
(FIRST PLACE PLAZA)
300E FOURTH AVENUE, UNIT 1A
ST. CATHARINES, ONTARIO L2R 6P9
PHONE: 905-935-1010 FAX: 905-641-5096
URL: www.drschiew.com

Cardiac Diagnostic Requisition

Affix Patient Label Here

Please Fax the patient's Face sheet with this form

Provide best contact and telephone for patient: _____

REFERRING PHYSICIAN: _____ BILLING NUMBER: _____

FAX NUMBER: _____ COPY REPORT TO: _____

REFERRING PHYSICIAN SIGNATURE: _____ DATE: _____

For age 16 and above

Cardiac Consultation:

ECG:

Echocardiogram:

Holter Monitor:

24hr 48hr 72hr

Treadmill stress test:
(Consultation required)

Treadmill stress echo test:
(Consultation required)

CLINICAL INFORMATION:

For preoperative echocardiogram please indicate scheduled OR date:

For prosthetic valve echo assessment, please specify size, position, mechanical or bioprosthetic valve (if known):

CLINICAL INDICATION/HISTORY:

Please fax this form & facesheet to 905-641-5096

We will notify the patients of their appointments directly. Thank You