Markham Stouffville
CARDIOLOGY ASSOCIATES

REQUISITION FORM

PATIENTS DEMOGRAPHICS

Last Name _____ Telephone _____

First Name _____ Cell Phone _____

HC # _____ VC # _____

Sex _____ Height _____ Weight _____ Date of Birth _____

Address _____

REFERRING PHYSICIAN Date _____

Name _____

Billing # _____ CPSO # _____

Telephone _____ Fax _____

Family Physician _____

Phone # _____ Fax # _____

Signature _____

REASON FOR REFERRAL

☐ Consultation only ☐ Consultation & Diagnostics ☐ Diagnostics only

Please include relevant HX, medication, or urgency rationale

☐ Cardiac Risk Factors
☐ Coronary Artery Disease
☐ Heart Failure
☐ Arrhythmia
☐ Valvular Disease
☐ Abnormal ECG
☐ Atrial Fibrillation
☐ Pericardial Disease

CARDIOLOGISTS

☐ First Available
☐ Dr. Douglas Wan
☐ Dr. Joseph Minkowitz
☐ Dr. Jonathan Lu
☐ Dr. Paul Hacker
☐ Dr. Shruti Tandon

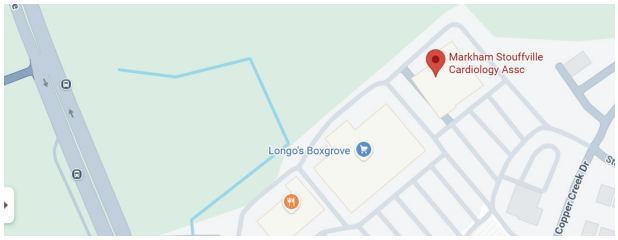
INTEGRATED RAPID ACCESS CARDIOLOGY HUB

☐ Dr. Donny Peter-Fritts (Cardiovascular Internist)
- ☐ Metabolic Health
- ☐ Nephrology
- ☐ Hypertention

DIAGNOSTICS

☐ ECG (Walk-ins Welcome)
☐ Stress Echocardiography
☐ 2D Echocardiography ☐ Contrast
☐ Ambulatory Blood Pressure Monitor NOTE: Not covered by OHIP
☐ Exercise Stress Test
☐ Consult with Abnomal Testing

Holter Monitor: ☐ *24 Hour* ☐ *48 Hour* ☐ *72 Hour* ☐ *7 Days* ☐ *14 Days*



110 Copper Creek Dr, Markham, ON L6B 0P9

(905) 472-9200

(905) 472-9206

PLEASE NOTE: Only fully completed referrals will be accepted. Missing information may delay or prevent processing.