

PARTNERS IN ADVANCED CARDIAC EVALUATION	www.pace-cardiology.com Tel: 1-888-662-0680 Fax: 1-855-239-1623 Please email completed forms to: referral@pace-cardiology.com				
Barrie Little Lake Medical Centre 11 Lakeside Terrace, Unit 302 Barrie, ON L4M 0H9 Tel: 705-721-4422 Fax: 705-721-5577	Newmarket Medical Arts Building 581 Davis Drive, Suite 602B Newmarket, ON L3Y 2P6 Tel: 905-953-7917 Fax: 905-953-0046		170 Colborr Orillia, ON, L Tel: 1-888-	Orillia Soldiers' Memorial Hospital - Echo Only 170 Colborne Street W, Orillia, ON, L3V 2Z3, Room 281 Tel: 1-888-662-0680 Fax: 1-855-239-1623	
PATIENT INFORMATION					
First Name		Last Name			
Date of Birth (MM/DD/YYYY)		0HIP #		M F Other	
Phone #		Email			
Appointment Date		Appointment Time			
CARDIOLOGY PROCEDURES		ELECTROPHYS	SIOLOGY		
Adult ECH0 12 Lead ECG Contrast ECH0 24 hrs ABP Monitor (\$ Stress ECH0 14 day Holter Monitor Stress Test 14 day Holter Monitor *Required Information: Height Weight PEDIATRIC CARDIOLOGY Pediatric ECG Pediatric Holter Monitor Pediatric ECH0 24hr LIPID CLINIC Outpatient, OHIP COVERED care for patien high cholesterol or known vascular diseas services to prevent coronary heart diseas	(Traditional) (Traditional) (Smart Garment) BMI 48hr 14 day 7 day nts with abnormally e. Also provides		onitor maker ULTATION** URGENT al please arrange f	Leadless Left Bundle Branch pacing ICD (Implantable Defibrillator) Biventricular /Cardiac resynchronization therapy for a consultation	
healthy lifestyles.		CLINIC NOTES			
Referring MD					
MD Signature					
MD Billing #					
Date					

email and/or phone number, as detailed on www.pace-cardiology.com.

Patient agrees to have their health information sent electronically to the provided

Requests for consultations should include the reason for referral, medication list and any previous ECGs, chest x-rays, blood work and cardiac assessment.** Please be advised we will send you a fax confirmation with your patient's appointment date and time - please contact your patient with this information.