

# KMH CARDIOLOGY CENTRES INC.

## CONSULT

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com • info@kmhlabs.com

### SPECIALIST CONSULTATIONS

- First available appointment
- Cardiology Consultation
- Internal Medicine Consultation
- or
- Requesting Dr. \_\_\_\_\_

For a complete list of our specialists, please scan the QR code below:



### LOCATIONS

- Burlington
- Hamilton
- Kitchener
- Markham
- Mississauga
  - West
  - Central
- North York
- Scarborough
- St. Catharines
- Toronto
- Woodstock

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email:\* \_\_\_\_\_

OHIP #: \_\_\_\_\_

The earliest appointment will be made at the patient's preferred location  
Weekend and evening appointments available.

**URGENT**  
(Check if applicable)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please complete form and fax to KMH and give to patient to bring to appointment.
2. See back for patient instructions.

**CONSULT**    **CONSULT**, If test result is positive/abnormal and clinically indicated for complete evaluation  
**Required for Consults:** previous ECG'S, blood work, and prior cardiac history with this requisition.

### REASON FOR TEST OR CONSULT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NUCLEAR CARDIOLOGY

#### MYOCARDIAL PERFUSION

- EXERCISE
- PERSANTINE (unable to exercise)
- EXERCISE OR PERSANTINE (If uncertain of patients ability to exercise, it will be determined at time of test by the supervising Physician.)

Physician's Note: Please inform the patient regarding the discontinuation of **Beta Blockers and Calcium Blockers 48 hours prior to the test, no caffeine or decaffeinated products 12 hours prior to the test and no erectile dysfunction medication 5 days prior to the test.**

- HOLD MEDS    DO NOT HOLD MEDS

### CARDIOLOGY

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> GRADED EXERCISE TEST</li> <li><input type="checkbox"/> ECHOCARDIOGRAPHY*</li> <li><input type="checkbox"/> EXERCISE STRESS ECHOCARDIOGRAPHY*</li> <li><input type="checkbox"/> BUBBLE ECHO WITH SALINE CONTRAST</li> </ul> <p>*Definity administration if indicated.</p> | <p>HOLTER MONITOR (shower proof monitor)</p> <p><input type="checkbox"/> 24 HRS.   <input type="checkbox"/> 48 HRS.   <input type="checkbox"/> 72 HRS.   <input type="checkbox"/> 14 DAYS</p> <p><input type="checkbox"/> RESTING ECG</p> <p>AMBULATORY BLOOD PRESSURE MONITOR (\$85/day)</p> <p><input type="checkbox"/> DIAGNOSIS   <input type="checkbox"/> FOLLOW UP</p> |
|--|--|

### REFERRING HEALTHCARE PRACTITIONER

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Healthcare Practitioner Signature: \_\_\_\_\_

Billing #: \_\_\_\_\_

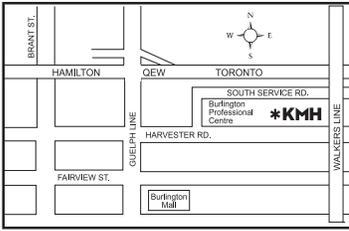
CC'd: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (optional) \_\_\_\_\_

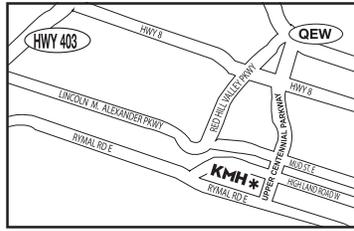
Healthcare Practitioner Stamp:

# Maps Not to Scale



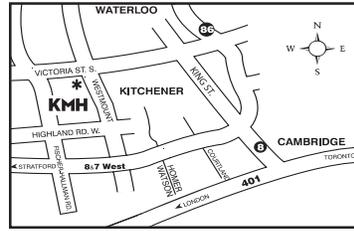
## Burlington

Burlington Professional Centre  
3155 Harvester Road, Suite 106  
Burlington, Ontario L7N 3V2



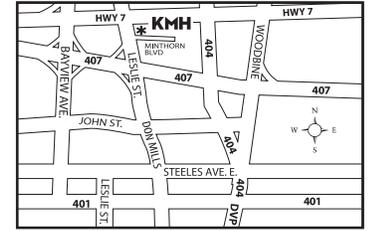
## Hamilton

Southmount Health Care Centre  
35 Upper Centennial Parkway, Suite 3G  
Stoney Creek, Ontario L8J 3W2



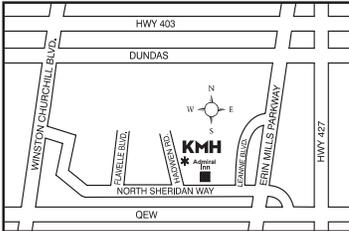
## Kitchener

751-B Victoria Street South, Suite 108  
Kitchener, Ontario N2M 5N4



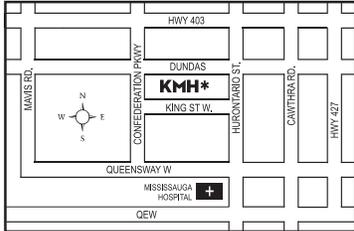
## Markham

50 Minthorn Blvd. Suite 101  
Markham, Ontario L3T 7X8



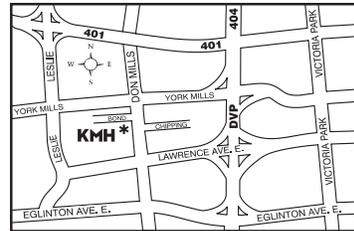
## Mississauga - West

2075 Hadwen Road  
Mississauga, Ontario L5K 2L3



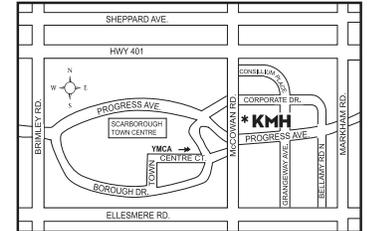
## Mississauga - Central

71 King St W, Suite 307  
Mississauga, Ontario L5B 4A2



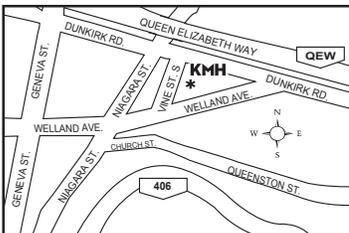
## North York

1310 Don Mills Road, Suite 5  
North York, Ontario M3B 2W6



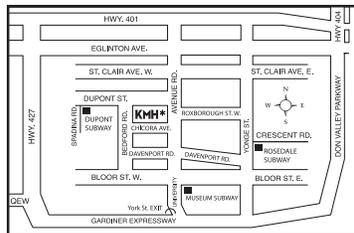
## Scarborough

100 Consilium Place, Suite 201  
Scarborough, Ontario M1H 3F3



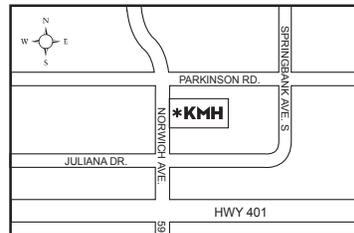
## St. Catharines

180 Vine Street South, Suite 106  
St. Catharines, Ontario L2R 7P3



## Toronto

236 Avenue Road  
Toronto, Ontario M5R 2J4



## Woodstock

437 Norwich Ave  
Woodstock, Ontario N4S 3W4



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

For clinic directions and appointment preparation, please visit our website: [www.kmhlabs.com](http://www.kmhlabs.com) or Scan the QR code above.

### NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast or light lunch and then nothing to eat or drink (except water, no restriction to drinking water) for 3 hours prior to the study.  
No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, chocolate, soda pop or medications containing caffeine).
2. Bring comfortable shoes, t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your healthcare practitioner** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The Myocardial Perfusion test consists of 2 parts. The first portion lasts approximately 2-2.5 hours and consists of imaging followed by a stress test.  
The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes. In some circumstances, we may require the patient to return the next day.
5. Please bring a snack to eat for after the test is completed. Patients with diabetes may have a light meal before the test.

### HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

\*Patient Email: Confidential patient email will solely be used to communicate patient appointment information and send clinic experience survey/patient satisfaction survey link. Emails from KMH to a patient will exclusively come from the [kmhlabs.com](http://kmhlabs.com) domain.