



Windsor Cardiac Diagnostics

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ACCREDITATION
CANADA

PATIENT NAME: _____

DATE OF BIRTH: ___/___/___ PHONE: _____

ADDRESS: _____

HEALTH CARD #: _____ VERSION CODE: _____

SOUTH WALKERVILLE MEDICAL CENTRE

Suite #133
2224 Walker Rd.
Windsor, ON
N8W 5L7

Phone:
(519) 977 6768

Fax:
(519) 977 7690

*Saturday & Evening
Appointments
Available

FOR REFERRING PHYSICIANS

Please send
updated medication
list

Please send
relevant cardiac
testing done prior

CARDIAC TESTING

- Electrocardiogram (ECG)
- Exercise Stress Test (GXT)
- 2D Colour Doppler Echocardiography (ECHO)
 - With Contrast
- Treadmill Stress Echocardiogram (Stress ECHO)
 - With Contrast
- Dobutamine Stress Echocardiography
- Speckle -Tracking Echocardiography
- Cardiac Event Loop Recorder (ELR)
- Bubble Study
- Holter Monitor
 - 48 hr. 72 hr.
 - 14-day 30 day
- Ambulatory Blood Pressure Monitor (ABPM)*

*not covered by OHIP

INDICATIONS

- Palpitations / Arrhythmia
- Stroke / TIA / Cardiac Source of Embolus
- Cardiac Murmur / Valvular Heart Disease
- Shortness of Breath
- Chest Pain / Known CAD
- Hypertension / Hypertensive Heart Disease
- Syncope / Recurrent Presyncope
- Immediate to high global CAD risk
- Significant family history of CAD
- Assess functional capacity prior to structured exercise program (GXT)

Other: _____

CARDIOLOGY CONSULTATION

- Urgent
- Consultation if Abnormal Test

Reason for Referral _____

PHYSICIAN'S SIGNATURE: _____ **PHYSICIAN'S FAX:** _____