



PATIENT LABEL HERE

eMail: [coordinator@imcare.ca](mailto:coordinator@imcare.ca) [www.imcare.ca](http://www.imcare.ca) TEL: 289-207-3200

## PATIENT CONSULTATION REQUEST FAX TO 855-755-7771

Name of the Patient:	DOB:
Patient's daytime phone number:	OHIP Number:
Patient's email:	
Referring Physician / NP:	Office Phone:

**URGENCY:**  Routine  **FASTRACK: 10 business days (First available only for FASTRACK)**

Cardiovascular Disease	Other	TESTING ONLY
<input type="checkbox"/> Chest Pain Clinic	<input type="checkbox"/> Liver Disease (Dr. Saeidi)	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> Arrhythmia / Palpitations	<input type="checkbox"/> Benign Hematology (Dr. Saeidi)	<input type="checkbox"/> 2-day Holter monitor
<input type="checkbox"/> Atrial Fibrillation / Flutter	<input type="checkbox"/> Medical Weight Management	<input type="checkbox"/> 7-day Holter monitor
<input type="checkbox"/> Chronic Coronary Artery Disease	<input type="checkbox"/> Endocrine Consult (Dr. Lakshmi)	<input type="checkbox"/> 2-week Holter monitor
<input type="checkbox"/> Heart Murmur Assessment	<input type="checkbox"/> Thyroid Assessment	<input type="checkbox"/> Ankle Brachial Index
<input type="checkbox"/> Heart Failure Management	<input type="checkbox"/> Diabetes Management	<input type="checkbox"/> ABPM (Charge \$55)
<input type="checkbox"/> Hypertension Management	<input type="checkbox"/> SPOT / RASH clinic (Dr. Sharma)	<input type="checkbox"/> Stress Echo
<input type="checkbox"/> Post ACS Management	<input type="checkbox"/> Skin disease consult (Dr. Sharma)	<input type="checkbox"/> Treadmill Stress Test
<input type="checkbox"/> Syncope Clinic	<input type="checkbox"/> Palliative Care & Supportive Care	<input type="checkbox"/> Dobutamine Stress Echo
<input type="checkbox"/> TIA / Stroke Prevention Clinic	<input type="checkbox"/> Respirology Consult (Dr. Seidler)	<input type="checkbox"/> Pulmonary Function Testing
<input type="checkbox"/> Shortness of Breath		

**Reason for Consultation:**

<input type="checkbox"/> <b>FIRST AVAILABLE PHYSICIAN</b>	<input type="checkbox"/> <b>TESTING ONLY. NO CONSULT REQUIRED</b>
<input type="checkbox"/> Dr. Anuja Sharma	<input type="checkbox"/> Dr. Rajesh Krishnan (FAX: 1-855-918-3563)
<input type="checkbox"/> Dr. Behtash Saeidi	<input type="checkbox"/> Dr. Rishi K Bhargava
<input type="checkbox"/> Dr. Mukesh Bhargava	<input type="checkbox"/> Dr. Francesco Mulé or Dr. Kent Tisher (FAX: 1-844-222-9312)
<input type="checkbox"/> Dr Santhosh Lakshmi (FAX: 705-990-1383)	<input type="checkbox"/> Dr. Darius Seidler