



JBN MEDICAL DIAGNOSTICS INC.
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CARDIAC DIAGNOSTICS-SPECIALIST REFERRAL

Patient Name: _____ Date of Birth (MM/DD/YYYY): _____

Patient Address: _____ Phone: _____ Email: _____

Referring Physician: _____ Signature: _____

RESULTS Call: _____ or Fax: _____ (when possible same day)

Current Complaint/ Patient History: _____

Cardiac Testing Referral

<input type="checkbox"/> ABPM (24 hr Ambulatory BP Monitor) <small>* Not covered by OHIP- \$60 charge</small>	<input type="checkbox"/> Stress Test (Patient Weight: _____)
<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> **Stress Echo (with/without abnormal stress test)
<input type="checkbox"/> Spirometry- with flow/volume loop	<input type="checkbox"/> ABI (Ankle Brachial Index)
<input type="checkbox"/> post bronchodilator	<input type="checkbox"/> 2D Echocardiogram w/ CFD
<input type="checkbox"/> post-exercise	
<input type="checkbox"/> Cardiac Holter Monitor	<input type="checkbox"/> Loop Event Monitor
(<input type="checkbox"/> 24 hr/ <input type="checkbox"/> 48 hr/ <input type="checkbox"/> 72 hr/ <input type="checkbox"/> 7 days/ <input type="checkbox"/> 14 days)	
<small>* It is recommended to discontinue beta blockers 48 hours and ED medications 72 hours prior to test. Stress Echo recommended as first line assessment in patients at higher risk for CAD. Please advise patient</small>	

Specialist/Clinic Referral

<input type="checkbox"/> Dr Joseph Berlingieri, MD FRCPC Internal Medicine, Critical Care Medicine	<input type="checkbox"/> Dr William Nisker, MD FRCPC Internal Medicine, Geriatric Medicine
<input type="checkbox"/> Dr Mary Messieh, MD FRCPC Internal Medicine, Allergy & Immunology	<input type="checkbox"/> Dr Michael Cyr, MD FRCPC Internal Medicine, Allergy & Immunology
<input type="checkbox"/> Dr Nada Elmazariky, MD FRCPC Internal Medicine, Preoperative and Vascular Specialist	

<input type="checkbox"/> Anticoagulation Clinic For patients requiring anticoagulation treatment Pre-Operative anticoagulant bridging	<input type="checkbox"/> Bone Health Clinic Osteoporosis & degenerative bone disease
<input type="checkbox"/> Memory Clinic For patient with symptoms of Alzheimers disease memory loss	<input type="checkbox"/> Pounds for Health Clinic Weight loss management (OHIP funded)
<input type="checkbox"/> Vascular & Diabetes Health Clinic Reducing risk of heart attack & stroke	<input type="checkbox"/> Pounds for Health
	<input type="checkbox"/> Asthma/COPD Clinic
	<input type="checkbox"/> Stroke Prevention Clinic