

Mon 8:30AM - 5PM
Tue 8:30AM - 6PM
Wed 8:30AM - 5PM
Thur 8:30AM - 5PM
Fri 8:30AM - 5PM
(Closed Weekdays 12:30 - 1:00 for Lunch)
Sat 9:00AM - 2PM



2464 Howard Ave.
Suite 203
Windsor, ON N8X 3V6

Ph: (519) 987-0611 Fax: (519) 987-0583

WE PROVIDE **WALK-IN** HOLTER & EKG SERVICES

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

H.C. # _____ VC _____ DOB: _____

URGENT SEMI-URGENT ELECTIVE

HOLTER 24h 48h 72h 7 days 14 days 24H AMBULATORY BP (Non-Ohip \$80 + HST)

The above monitoring services require valid Driver's Licence or other proof of Permanent Address

12 Lead EKG

EXERCISE STRESS TEST only Treadmill Bicycle

EXERCISE STRESS TEST with Consultation Cardiac Consultation only

REASON FOR REFERRAL:

Syncope Shortness of Breath Palpitations Dizziness
 TIA/Stroke Hypertension R/O Arrhythmia Chest Pain/Discomfort

OTHER _____

ECHOCARDIOGRAM with 12 Lead EKG

Indication for Echo (Please circle)

Aortic Stenosis	Heart Murmurs	Pre Cardioversion
Cardiac Masses	Hypertension	Prosthetic Heart Valve
Cardiomyopathy	Interventional Procedures	Pulmonary Diseases
Chest Pain	Mitral Valve Prolapse	Structural Heart Disease
Coronary Artery Disease	Mitral Stenosis	Syncope
Dyspnea	Palpitations	Thoracic Aortic Disease
Edema	Pericardial Disease	TIA/Stroke
Endocarditis	Regurgitation: Aortic Mitral Pulmonic Tricuspid	

OTHER: _____

Referring Doctor: _____ CC: _____

Signature: _____ Provider # _____

Telephone: _____ Fax: _____

Appt Date & Time: _____

***\$50 Fee applies for NO SHOW of booked appointment or Cancellation with less than 24 hrs Notice
VALID HEALTH CARD REQUIRED FOR ALL SERVICES (EXCLUDING ABP)***