



PARTNERS IN ADVANCED CARDIAC EVALUATION

To Book an Appointment

Tel: 1-888-662-0680
Fax: 1-855-239-1623
info@pace-cardiology.com
www.pace-cardiology.com

Barrie

Little Lake Medical Centre
11 Lakeside Terrace, Unit 302
Barrie, ON L4M 0H9
Tel: 705-721-4422
Fax: 705-721-5577

Newmarket

Medical Arts Building
581 Davis Drive, Suite 602B
Newmarket, ON L3Y 2P6
Tel: 905-953-7917
Fax: 905-953-0046

Orillia Soldiers' Memorial Hospital (ECHO only)

170 Colborne Street West
Room RM281, Orillia, ON L3V 2Z3
Tel: 1-888-662-0680
Fax: 1-855-239-1623

PACE's team of physicians includes specialists in General Cardiology, Electrophysiology /Arrhythmia, Interventional Cardiology, Internal Medicine, Cardiac Genetics, and Diabetes.

PATIENT INFORMATION

NAME: TELEPHONE: HEALTH #: VRS. CODE APPOINTMENT DATE: APPOINTMENT TIME:
Includes checkboxes for M, F, OTHER and DATE OF BIRTH.

CARDIOLOGY PROCEDURES

Checkboxes for Adult ECHO, Contrast ECHO, Stress ECHO, Stress Test, 12 Lead ECG, 24 hrs. Holter Monitor, 48 hrs. Holter Monitor, 72 hrs. Holter Monitor, 7 day Holter Monitor, 14 day Holter Monitor, 24 hrs ABP Monitor (\$60).

ELECTROPHYSIOLOGY

Checkboxes for Cardioversion, Electrophysiology Study/Ablation, Implantable Loop Recorder, Permanent Pacemaker, Leadless, Left Bundle Branch pacing, ICD (Implantable Defibrillator), Biventricular / Cardiac resynchronization therapy.

PEDIATRIC CARDIOLOGY

Checkboxes for Pediatric ECG, Pediatric ECHO, Pediatric Holter Monitor (24hr, 48hr, 7 day, 14 day).

DOCTOR CONSULTATION**

Checkboxes for Elective, Urgent, and If test is abnormal please arrange for a consultation.

CARDIO METABOLIC CLINIC

Checkbox for The clinic's theme is the management of Type II Diabetes in patients with documented vascular disease to improve glycemic control and reduce further cardiac complications.

REASON FOR REFERRAL

SUBMIT FORM

CLINICAL INFORMATION

Referring MD: MD Signature: MD Billing#: Date:

Checkbox for Patient consents to electronic communication of personal health information using email address and/or phone number provided, as explained at www.pace-cardiology.com

Requests for consultations should include the reason for referral, medication list and any previous ECGs, chest x-rays, blood work and cardiac assessment

** Please be advised we will send you a fax confirmation with your patient's appointment date and time - please contact your patient with this information.