PACE
PARTNERS IN ADVANCED CARDIAC EVALUATION

www.pace-cardiology.com
Tel: 1-888-662-0680 | Fax: 1-855-239-1623
Please email completed forms to: info@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 W,
Orillia, ON, L3V 2Z3, Room 281
Tel: 1-888-662-0680
Fax: 1-855-239-1623

PATIENT INFORMATION

First Name _____ Last Name _____

Date of Birth (MM/DD/YYYY) _____ OHIP # _____ ☐ M ☐ F ☐ Other

Phone # _____ Email _____

Appointment Date _____ Appointment Time _____

CARDIOLOGY PROCEDURES

☐ Adult ECHO ☐ 12 Lead ECG ☐ 7 day Holter Monitor

☐ Contrast ECHO ☐ 24 hrs. Holter Monitor ☐ 14 day Holter Monitor

☐ Stress ECHO ☐ 48 hrs. Holter Monitor ☐ 24 hrs ABP Monitor ($60)

☐ Stress Test ☐ 72 hrs. Holter Monitor

*Required Information: Height _____ Weight _____ BMI _____

ELECTROPHYSIOLOGY

☐ Cardioversion ☐ Leadless

☐ Electrophysiology Study/Ablation ☐ Left Bundle Branch pacing

☐ 48 hrs. Holter Monitor ☐ ICD (Implantable Defibrillator)

☐ Permanent Pacemaker ☐ Biventricular /Cardiac resynchronization therapy

PEDIATRIC CARDIOLOGY

☐ Pediatric ECG ☐ Pediatric Holter Monitor ☐ 48hr ☐ 14 day

☐ Pediatric ECHO ☐ 24hr ☐ 7 day

DOCTOR CONSULTATION**

☐ Elective ☐ **URGENT**

☐ If test is abnormal please arrange for a consultation

REASON FOR REFERRAL

CLINIC INFORMATION

Referring MD _____

MD Signature _____

MD Billing # _____

Date _____

☐ Patient agrees to have their health information sent electronically to the provided email and/or phone number, as detailed on www.pace-cardiology.com.

CLINIC NOTES

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.