



One Heart Care

One Place. Your Heart. Total Care.

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1000 Middlegate Road

Mississauga, Ontario L4Y 1M3

Email: info@oneheartcare.ca

Website: www.oneheartcare.ca

Date: _____

<p>Cardiologists</p> <input type="checkbox"/> Dr. Vineeta Ahooja <input type="checkbox"/> Dr. Shahrukh Bakar <input type="checkbox"/> Dr. Michael Bayliss <input type="checkbox"/> Dr. Mia Bertic <input type="checkbox"/> Dr. Barry Burstein <input type="checkbox"/> Dr. Alice Chang <input type="checkbox"/> Dr. Jason Cyriac <input type="checkbox"/> Dr. Andrea Daly <input type="checkbox"/> Dr. David Dorian <input type="checkbox"/> Dr. Andrew Elagizi <input type="checkbox"/> Dr. Sumeet Gandhi <input type="checkbox"/> Dr. Anil Gupta <input type="checkbox"/> Dr. Vikram Gurtu <input type="checkbox"/> Dr. Tef Kalaparambath <input type="checkbox"/> Dr. Sidney Kremer <input type="checkbox"/> Dr. Emily Lai <input type="checkbox"/> Dr. Manish Maingi <input type="checkbox"/> Dr. Jennifer Meloche <input type="checkbox"/> Dr. Kirandeep Nagi <input type="checkbox"/> Dr. Janarthan Nikhil <input type="checkbox"/> Dr. Thomas Rebane <input type="checkbox"/> Dr. Dylan Stanger <input type="checkbox"/> Dr. Garry Thomas <input type="checkbox"/> Dr. Steven Tishler <p>General Cardiology & Heart Failure Specialists</p> <input type="checkbox"/> Dr. Hanna Lee <input type="checkbox"/> Dr. Tahseen Rahman <input type="checkbox"/> Dr. Vicki Ning Wang <p>Electrophysiologists</p> <input type="checkbox"/> Dr. Andrew Ha <input type="checkbox"/> Dr. Catherine Le Feuvre <input type="checkbox"/> Dr. Michael Platonov <input type="checkbox"/> Dr. Willy Weng <p>Interventional Cardiologists</p> <input type="checkbox"/> Dr. Shahrukh Bakar <input type="checkbox"/> Dr. Lucas Burke <input type="checkbox"/> Dr. Gurpreet Parmar <input type="checkbox"/> Dr. Geoffrey Puley <input type="checkbox"/> Dr. Inderbir Singh	<p align="center">Patient Demographics</p> <p>Last Name: _____ First Name: _____</p> <p>DOB: _____ HCN: _____ Version Code: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address: _____</p> <p>Phone: _____ Cell: _____ Email: _____</p> <p>Alternate Contact Name: _____ Phone: _____</p>			
	<p align="center">Cardiac Diagnostics <input type="checkbox"/> Urgent</p> <table border="1"> <tr> <td> <input type="checkbox"/> ECG <input type="checkbox"/> Echocardiography <input type="checkbox"/> Endocardial Enhancement Agent <input type="checkbox"/> Bubble Saline Contrast (Shunt Detection) <input type="checkbox"/> Holter Monitoring <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> Ambulatory Blood Pressure Test (fee \$80) </td> <td> <input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Stress Echocardiogram <input type="checkbox"/> Nuclear Myocardial Perfusion Imaging <input type="checkbox"/> Exercise Height: _____ <input type="checkbox"/> Persantine Weight: _____ <input type="checkbox"/> Muga </td> </tr> </table>	<input type="checkbox"/> ECG <input type="checkbox"/> Echocardiography <input type="checkbox"/> Endocardial Enhancement Agent <input type="checkbox"/> Bubble Saline Contrast (Shunt Detection) <input type="checkbox"/> Holter Monitoring <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> Ambulatory Blood Pressure Test (fee \$80)	<input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Stress Echocardiogram <input type="checkbox"/> Nuclear Myocardial Perfusion Imaging <input type="checkbox"/> Exercise Height: _____ <input type="checkbox"/> Persantine Weight: _____ <input type="checkbox"/> Muga	
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	<p align="center">Diagnosis/Reason for Referral</p> <table border="1"> <tr> <td> <input type="checkbox"/> Abnormal ECG <input type="checkbox"/> Arrhythmia <input type="checkbox"/> CAD Assessment/Post MI <input type="checkbox"/> Chest Pain <input type="checkbox"/> Congenital <input type="checkbox"/> Dyspnea </td> <td> <input type="checkbox"/> Hypertension <input type="checkbox"/> High Risk Factors <input type="checkbox"/> Pericardial Effusion <input type="checkbox"/> Source of Embolus <input type="checkbox"/> Valve Disease <input type="checkbox"/> Thrombosis </td> <td> <input type="checkbox"/> Valve Disease <input type="checkbox"/> Assess Carotid Disease <input type="checkbox"/> Assess Peripheral Arterial Disease <input type="checkbox"/> Assess Venous Disease <input type="checkbox"/> Other _____ </td> </tr> </table>	<input type="checkbox"/> Abnormal ECG <input type="checkbox"/> Arrhythmia <input type="checkbox"/> CAD Assessment/Post MI <input type="checkbox"/> Chest Pain <input type="checkbox"/> Congenital <input type="checkbox"/> Dyspnea	<input type="checkbox"/> Hypertension <input type="checkbox"/> High Risk Factors <input type="checkbox"/> Pericardial Effusion <input type="checkbox"/> Source of Embolus <input type="checkbox"/> Valve Disease <input type="checkbox"/> Thrombosis	<input type="checkbox"/> Valve Disease <input type="checkbox"/> Assess Carotid Disease <input type="checkbox"/> Assess Peripheral Arterial Disease <input type="checkbox"/> Assess Venous Disease <input type="checkbox"/> Other _____
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	<p align="center">Other Clinical Information</p> <p>_____</p>			
	<p align="center">Cardiology Consultations <input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> With Dr. _____ <input type="checkbox"/> First Available <input type="checkbox"/> Consult if Abnormal Test</p> <p>Referred By: _____ Billing: _____</p> <p>Telephone: _____ Fax: _____</p> <p>Signature: _____ CC: _____</p>			

Please note that late cancellation or no-show fees may apply.

Patient Preparation and Information

Please arrive 15 minutes prior to your test for registration and bring your health card.

Nuclear Cardiology Myocardial Perfusion Imaging:

The test takes 3 to 4 hours, and you will have an intravenous injection.

1. Bring a current list of medications you are taking.
2. Please consult your doctor for medications to avoid 48 prior to test.
3. Do not have any caffeine 24 hours prior to the test. This includes coffee, tea, chocolate, or any energy drinks.
4. You may have juice, milk, or water to drink.
5. Do not take any erectile dysfunction medication for 48 hours prior to the test.
6. You may have a light meal up to 2 hours before the test and you may bring a snack that does not require refrigeration or heating.
7. Wear comfortable clothes and running shoes.
8. Bring an interpreter if you do not read/speak English well.

Exercise Stress Test (GXT):

This test takes 45 minutes. No special preparation is required.

1. Bring a current list of medications you are taking.
2. Wear comfortable clothes and running shoes.

Exercise Stress Echocardiogram:

This test takes 1.5 hours. No special preparation is required.

1. Bring a current list of medications you are taking.
2. Wear loose fitting, comfortable clothing and running shoes.

Contrast Echocardiogram:

This test takes 1 to 1.5 hours, and you will have an intravenous inserted into your arm. No special preparation is required.

1. Bring a current list of any medications you are taking.

Holter Monitoring:

This test takes 25 minutes for Holter hookup. You may be required to wear the monitor anywhere from 24 hours to 14 days.

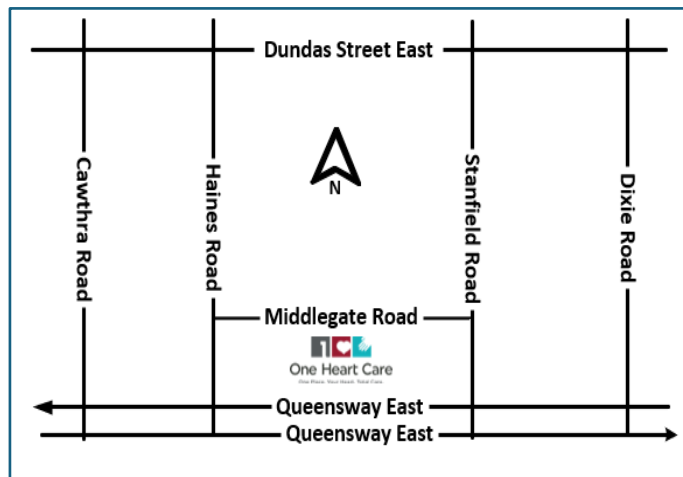
1. Wear a loose-fitting top.
2. You cannot shower with the monitor on or get the monitor wet. We recommend you shower prior to coming.
3. Refrain from wearing lotions or perfumes.

24 Hour Blood Pressure Monitor:

This test takes 25 minutes for BP monitor hookup. No special preparation is required.

There is a fee of \$80 as this test is not covered by OHIP.

Directions



The building is located along Queensway with access from Queensway westbound or Middlegate Road.

QEW Westbound - exit Dixie Rd. north (right), make a left turn on to Queensway West, drive about 200 meters past Stanfield intersection and enter One Heart Care parking lot on the right (north).

QEW Eastbound - exit Cawthra Road North, make a right turn to Queensway East, turn left on Haines Rd and proceed to the first intersection, which is Middlegate Rd. Turn right. Proceed about 200 meters and enter One Heart Care parking lot on the right (north).

Queensway East - drive past Cawthra Road. Turn left on Haines Rd and proceed to the first intersection, which is Middlegate Rd. Turn right on to Middlegate Road. Proceed about 200 meters and enter on the right (north) One Heart Care parking lot .

The Queensway West - drive about 200 meters past Stanfield intersection and enter One Heart parking lot on the right (north).