



**K-2 CARDIAC CARE INC.**

CCN Accredited Facility

Dr. Narayanan Krishnan. MD, FRCPC

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**Fast Track Chest Pain clinic & Diagnostic Tests Referral Form**  
**Fax to 705-320 -7778**

**Please Note:** There will be a **\$40.00** charge for missed appointments.  
No charge if cancelled by 12 pm the day prior to test day

Patient Name \_\_\_\_\_

Referring Physician \_\_\_\_\_

Health Number \_\_\_\_\_

Ref:Phys Billing No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Family Physician \_\_\_\_\_

Patient Tel: \_\_\_\_\_

Cc Report to \_\_\_\_\_

**Fast Track Consultations Request:** (Please tick all applicable boxes below)

- Chest Pain
- Arrhythmia
- TIA
- Syncope
- Mild or Stable Heart Failure
- Other (please specify) \_\_\_\_\_

**Diagnostic Test Requests:**

( Please Tick all applicable boxes )

- Echo Doppler ( may take up to 1.5 hrs )
- Stress Echo ( may take up to 1.5 hrs )
- Resting EKG ( no appointment required )
- 24 Hours Ambulatory BP monitoring
- Stress Test ( GXT - EKG only )
- Holter Monitor
  - 24 Hours
  - 48 Hours
  - 72 Hours
- If Tests are abnormal, Please Consult
- Supervising Physician to decide any Appropriate / additional testing

**Clinical Information / Indications**

(Please Print below)

Ref: Physician \_\_\_\_\_

Date: \_\_\_\_\_

\* Fast track Consultations will be seen within 48 hrs of receiving the referral \*