



**K-2 CARDIAC CARE INC.**

KENT PLACE  
Suite 215  
189 Kent Street West  
Lindsay, Ontario K9V 5G6  
Tel: 705 320 9998  
Fax: 705 320 7778

CCN Accredited Facility

Dr. Narayanan Krishnan. MD, FRCPC

Dr. David Kazhila. MD, FRCPC

**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 \_\_\_\_\_

**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 Sig: \_\_\_\_\_

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

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