Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Patient Name
Date of Birth (yyyy/mm/dd)
Health Card #
CR#
Address
Phone (H)
(W)

Cardiac Diagnostic Test Referral

Referring Practitioner (Print): _____

Referring Practitioner (Signature): _____

Referring Practitioner Fax #: _____

Urgency of Request: ❒ **Next Available** ❒ **Urgent**

Hotel Dieu Hospital site
166 Brock Street
Brock 2, Cardiology
Telephone 613-544-3400 Ext. 2340
Fax 613-546-7138

Type of Test:
- ❒ Echocardiogram
- ❒ Treadmill Stress Test
- ❒ Holter Monitor ❒ 72 hour ❒ 14 day
- ❒ Ambulatory Blood Pressure (non-insured)
- ❒ Electrocardiogram (Brock 1)
- ❒ Other _____

Kingston General Hospital site
76 Stuart Street
FAPC 3, Cardiology
Telephone 613-549-6666 Ext. 3980
Fax 613-548-1387

Type of Test:
- ❒ Dobutamine Stress Echocardiogram
- ❒ Treadmill Stress Echocardiogram
- ❒ Transesophageal Echocardiogram
- ❒ Pediatric Echocardiogram
- ❒ Fetal Echocardiogram
- ❒ Other _____

Clinical information/Reason(s) for test:

Confirmation

(Office use only)

Appointment Date: _____ **Time:** _____