



EASTSIDE MEDICAL CLINIC
905 745 8295 | EASTSIDEMEDICALCLINIC.COM | PHARMACY

Patient Information:

Name: _____

DOB: _____ Gender: M F

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Healthcard Number: _____

Referring Physician:

Name: _____

MD Signature: _____

Billing #: _____

Referral Date: _____

Phone: _____

Fax: _____

Address: _____

Cardiac Testing

12 Lead ECG

Exercise Stress Test (GXT)

Holter Monitor

24 hr Ambulatory BP Monitor

Echocardiogram

Urgency

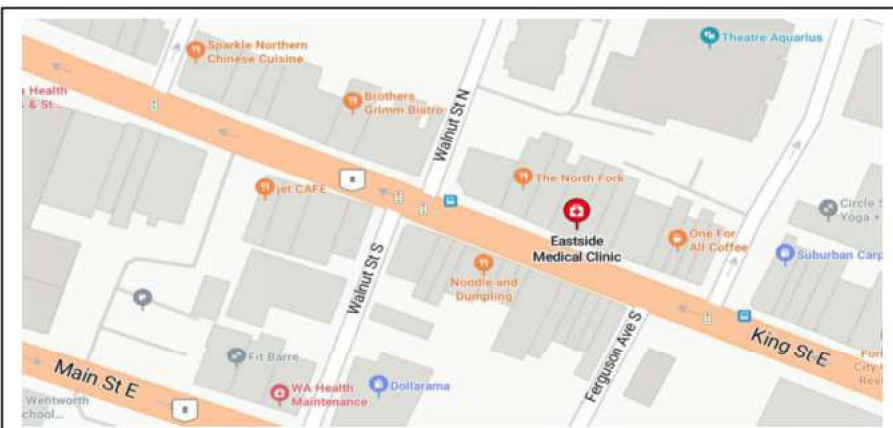
Urgent

Elective

CARDIOLOGY CONSULT Yes No

Dr. Henry Onyegbule,
MBBS, FRCPC, MRCP, MSc Stroke

Reason for Test / Referral / Medical History / Current Medications:



Eastside Medical Clinic

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