



PARTNERS IN ADVANCED CARDIAC EVALUATION

**To Book an Appointment**  
**Tel: 1-888-662-0680**  
**Fax: 1-855-239-1623**  
**info@pace-cardiology.com**  
**www.pace-cardiology.com**

**\*\*\*Web-referral portal is now available. Please call 1-888-662-0680 to set up your account\*\*\***

**Barrie**  
 Little Lake Medical Centre  
 11 Lakeside Terrace, Unit 302  
 Barrie, ON L4M 0H9  
 Tel: 705-721-4422  
 Fax: 705-721-5577

**Newmarket**  
 Medical Arts Building  
 581 Davis Drive, Suite 602B  
 Newmarket, ON L3Y 2P6  
 Tel: 905-953-7917  
 Fax: 905-953-0046

**Orillia Soldiers' Memorial Hospital (ECHO only)**  
 170 Colborne Street West, Room M022  
 Orillia, ON L3V 2Z3  
 Tel: 1-888-662-0680  
 Fax: 1-855-239-1623

### CARDIOLOGISTS

#### GENERAL CARDIOLOGY

- Dr. Shadi Akhtari
- Dr. Ali Andaliib
- Dr. Kristen Chen
- Dr. Robert Chun
- Dr. Jeremy Cohen
- Dr. Bradley Dibble
- Dr. Behzad Etemadi
- Dr. Juda Habet
- Dr. Peter Lugormirski
- Dr. Mohamed Metawee
- Dr. Tristan Nuri
- Dr. Liane Porepa
- Dr. Molly Thangaroopan

#### PEDIATRIC CARDIOLOGY

- Dr. Selvi Senthilnathan

#### ELECTROPHYSIOLOGY / ARRHYTHMIA

- Dr. Yaariv Khaykin
- Dr. Kevin Michael
- Dr. Alfredo Pantano
- Dr. Bernice Tsang
- Dr. Atul Verma
- Dr. Zaev Wulffhart
- Dr. Anil Yadav

#### INTERVENTIONAL CARDIOLOGY

- Dr. Warren Cantor
- Dr. Lorne Goldman
- Dr. Steven Miner
- Dr. Sylvain Plante
- Dr. Manu Prabhakar

#### INTERNAL MEDICINE / VASCULAR MEDICINE

- Dr. Rajat Kumar
- Dr. John MacFadyen
- Dr. Alex Meadley

#### CARDIAC GENETICS

- Dr. Michael Gollob

Patient consents to electronic communication of personal health information using email address and/or phone number provided, as explained at [www.pace-cardiology.com](http://www.pace-cardiology.com)

### PATIENT INFORMATION

NAME: \_\_\_\_\_  M  F

TELEPHONE: \_\_\_\_\_

HEALTH #: \_\_\_\_\_ VRS. CODE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_

### CARDIOLOGY PROCEDURES

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult ECHO    | <input type="checkbox"/> Event Loop Recorder (ELR) | <input type="checkbox"/> 72 hrs. Holter Monitor    |
| <input type="checkbox"/> Contrast ECHO | <input type="checkbox"/> 12 Lead ECG               | <input type="checkbox"/> 14 day Holter Monitor     |
| <input type="checkbox"/> Stress ECHO   | <input type="checkbox"/> 24 hrs. Holter Monitor    | <input type="checkbox"/> 24 hrs ABP Monitor (\$50) |
| <input type="checkbox"/> Stress Test   | <input type="checkbox"/> 48 hrs Holter Monitor     |  |

### PEDIATRIC CARDIOLOGY

- Pediatric ECG  
 Pediatric ECHO  
 Pediatric Holter Monitor  24 hrs  48 hrs  7 day  14 day

**DOCTOR CONSULTATION\*\***  
 Elective  Urgent

If test is abnormal please arrange for a consultation

### CARDIO METABOLIC CLINIC

The clinic's theme is the management of Type II Diabetes in patients with documented vascular  
 disease to improve glycemic control and reduce further cardiac complications. Our physicians will work collaboratively with the patient's GPs and/or endocrinologists.

### REASON FOR REFERRAL

\_\_\_\_\_  
 \_\_\_\_\_

### CLINICAL INFORMATION

\_\_\_\_\_  
 \_\_\_\_\_

Referring MD: \_\_\_\_\_ MD Signature: \_\_\_\_\_

MD Billing #: \_\_\_\_\_ Date: \_\_\_\_\_

**Requests for consultations should include the reason for referral, medication list and any previous ECGs, chest x-rays, blood work and cardiac assessment**

**\*\* Please be advised we will send you a fax confirmation with your patient's appointment date and time — please contact your patient with this information**

## COMMON INDICATIONS FOR TRANS-THORACIC ECHOCARDIOGRAPHY

- Heart murmur
- Chest pain
- Shortness of breath and / or peripheral edema
- CHF
- Unexplained hypotension
- Hypertension
- Stroke or TIA
- Syncope
- Arrhythmia and palpitations
- LBBB or high grade AV block
- LV function after:
  - MI
  - Invasive procedure
  - Every 6 months for patients with severe LV dysfunction
  - Every year with ischemic heart disease
- Rule out endocarditis
- Rule out aortic dissection
- Rule out or follow-up of a pericardial effusion
- Rule out or follow-up of pulmonary hypertension
- Initial assessment or reassessment of a patient with structural heart disease:
  - Valvular regurgitation (every 6-12 months)
  - Valvular stenosis (every 6-12 months)
  - Mitral valve prolapse
  - Cardiomyopathy:
    - Ischemic
    - Dilated
    - Hypertrophic
  - Congenital heart disease
  - Prosthetic heart valves (every year)
  - Cardiac masses
- Evaluation before or after an invasive procedure:
  - Heart surgery
  - PCI
  - Electrophysiology procedures
  - Device placement
  - Structural heart disease procedures
    - TAVI
    - LAA or VSD closure

## COMMON INDICATIONS FOR STRESS ECHOCARDIOGRAPHY

- Chest pain
- CHF
- LV dysfunction
- Arrhythmia
- Syncope
- Stroke / TIA or carotid disease (once a year)
- PAD (once a year)
- Assessment of patients at intermediate or high risk of CAD (every 2 years)
- Within 3 months post ACS / MI and every year thereafter
- In patients with:
  - Valvular stenosis
  - Valvular regurgitation
  - Hypertrophic cardiomyopathy
- Pulmonary hypertension