



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL



KINGSTON
GENERAL
HOSPITAL

Cardiac Diagnostic Test Referral

Patient Name: _____
Date of Birth (yyyy/mm/dd): _____
Health Card # _____
CR#: _____
Address: _____
Phone - Home: _____
Work: _____

Referring Practitioner: _____

Referring Practitioner Signature: _____

Referring Practitioner Fax #: _____

Urgency of Request: Next available Urgent



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166 Brock Street
Cardiology, Floor Brock 2
Telephone: 613-544-3400 Ext. 2340
Fax: 613-546-7138

Type of test:

- Echocardiogram
- Treadmill Exercise Test
- Holter Monitor 48-hour 24-hour
- Ambulatory Blood Pressure (*non-insured*)
- Electrocardiogram
- Other: _____



KINGSTON
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76 Stuart Street
Cardiology, Floor FAPC 3
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 (yyyy/mm/dd): _____

Time (hhmm): _____