advanced echo lab
Midtown Medical Specialists

Request for Cardiology Consultation

Patient's Details:

First Name | Last Name | Sex

Date of Birth | Phone | P.H.N

Address

Diagnosis / Clinical History:

- [ ] Heart Murmur
- [ ] Heart Failure
- [ ] Hypertension
- [ ] Chest pain / IHD
- [ ] Dyspnea
- [ ] Arrhythmia
- [ ] Cardiomyopathy
- [ ] Cardiomegaly
- [ ] LV Function Assessment
- [x] Syncope
- [ ] Endocarditis
- [ ] Mitral Valve Prolapse
- [ ] Native Valve Assessment
- [ ] Prosthetic Valves
- [ ] Edema
- [ ] Pericardial Disease
- [ ] Congenital Heart Disease
- [ ] Pulmonary Hypertension
- [ ] Abnormal ECG
- [ ] Palpitations
- [ ] Preoperative Assessment

Notes

Ref. MD | Copy to

Date | Study Date

PRINT FORM or EMAIL FORM

You may send this form by one of the following methods:

- Save this form and email to: contact@echo.ly
- Print this form and fax to: (306)-585-3993
- Mail this form to the above address

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