Dr SK SEAN CHIEW, MD FRCPC FACC
(S.K. Chiew Medicine Professional Corporation)
Consultant and Reviewing Cardiologist
American Society of Echocardiography Accredited
Level III Echocardiologist

FOURTH AVENUE CARDIAC CLINIC
(FIRST PLACE PLAZA)
300E FOURTH AVENUE, UNIT 1A
ST. CATHARINES, ONTARIO L2R 6P9
PHONE: 905-935-1010 FAX: 905-641-5096
URL: www.drschiew.com

Cardiac Diagnostic Requisition

NAME OF PATIENT: _____

ADDRESS: _____

_____ **POSTAL CODE:** _____

PHONE: _____ **D.O.B. (DAY/MONTH/YEAR):** _____

HEALTH CARD NUMBER: _____

REFERRING PHYSICIAN:_____**BILLING NUMBER:**_____

FAX NUMBER:_____ **COPY REPORT TO:**_____

REFERRING PHYSICIAN SIGNATURE:_____ **DATE:**_____

CHECK FOR CONSULTATION IF CLINICALLY INDICATED: ☐

Test Request: (Age 16 and above):

ECG: ☐

Echocardiogram: ☐

Holter Monitor:

24hr ☐ **48hr** ☐

72hr ☐

CLINICAL INFORMATION:
For preoperative echocardiogram please indicate scheduled OR date:

_____

For prosthetic valve assessment, please specify size, position, mechanical or bioprosthetic valve (if known):

_____

CLINICAL INDICATION/HISTORY:

_____

_____

_____

Please fax this form to our office at **905-641-5096**

We will notify the patients of their appointments directly. Thank You