

The **Ottawa Cardiovascular Centre** is pleased to announce the expansion of our clinic in terms of **concept and capacity**



RAPID ACCESS • SHORT WAIT LISTS • EXPANDED SERVICES



We have hired two Physician Assistants to extend and enhance our services. We have added a second pediatric cardiologist. In addition, we now offer:

EXPANDED NON-INVASIVE SERVICES:

Echocardiography expanded with addition of 4 state of the art GE Vivid E 90 systems

- **No wait times**
- Echo contrast enhances difficult imaging
- Treadmill and bicycle stress echocardiography
- Adult and pediatric echocardiography

Arrhythmia Detection: Real time wireless prospective monitoring for immediate arrhythmia detection and notification

- 2 day holter monitoring
- 3 day holter: retrospective quantitative analysis (on site hook-up and mail out Mini Holter)
- 3 and 7 day mobile cardiac telemetry
- 14 day CardioPhone real time wireless

Nuclear Cardiology Imaging expanded with 2 state of the art CZT solid state cameras for rapid acquisition/lower radiation

- Treadmill or persantine stress myocardial perfusion imaging

RAPID REFERRAL CLINIC:

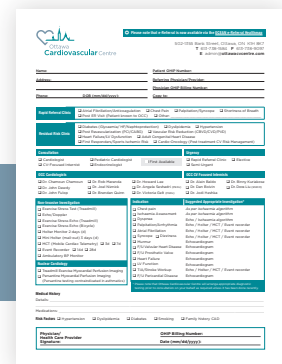
Atrial fibrillation/anticoagulation, chest pain, palpitation/syncope, shortness of breath, post ER visit

RESIDUAL RISK CLINIC:

Optimization of diabetes, dyslipidemia, hypertension, post revascularization, vascular risk reduction, LV function/HF CardioOncology, adult congenital HD, first responders/sports – ischaemic risk assessment



See our referral on the reverse or download a digital form on our website at www.ottawacvcentre.com.



Name: _____ Patient OHIP Number: _____
 Address: _____ Referring Physician/Provider: _____
 _____ Physician OHIP Billing Number: _____
 Phone: _____ DOB (mm/dd/yyyy): _____ Copy to: _____

Rapid Referral Clinic

Atrial Fibrillation/Anticoagulation Chest Pain Palpitation/Syncope Shortness of Breath
 Post ER Visit (Patient known to OCC) Other: _____

Residual Risk Clinic

Diabetes (Glycaemia/ HF/Nephroprotection) Dyslipidemia Hypertension
 Post Revascularization (PCI/CABG) Vascular Risk Reduction (CBVD/CVD/PVD)
 Heart Failure/LV Dysfunction Adult Congenital Heart Disease
 First Responders/Sports Ischemic Risk Cardio-Oncology (Post treatment CV Risk Management)

Consultation Cardiologist Pediatric Cardiologist CV-Focused Internist Endocrinologist First Available

Urgency Rapid Referral Clinic Elective Semi-Urgent

OCC Cardiologists

Dr. Chamoun Chamoun Dr. Rob Maranda Dr. Howard Lee
 Dr. John Dawdy Dr. Joel Niznick Dr. Angela Seshadri (PEDs)
 Dr. John Fulop Dr. Brendan Quinn Dr. Victoria Gelt (PEDs)

OCC CV Focused Internists

Dr. Alain Baldo Dr. Binny Kuriakose
 Dr. Dan Boivin Dr. Dora Liu (ENDO)
 Dr. Jodi Heshka

Non-Invasive Investigation	Indication	Suggested Appropriate Investigation*
<input type="checkbox"/> Exercise Stress Test (Treadmill)	<input type="checkbox"/> Chest pain	<i>As per Ischaemia algorithm</i>
<input type="checkbox"/> Echo/Doppler	<input type="checkbox"/> Ischaemia Assessment	<i>As per Ischaemia algorithm</i>
<input type="checkbox"/> Exercise Stress Echo (Treadmill)	<input type="checkbox"/> Dyspnea	Echo / Ischaemia algorithm
<input type="checkbox"/> Exercise Stress Echo (Bicycle)	<input type="checkbox"/> Palpitation/Arrhythmia	Echo / Holter / MCT / Event recorder
<input type="checkbox"/> Holter Monitor 2 days (d)	<input type="checkbox"/> Atrial Fibrillation	Echo / Holter / MCT / Event recorder
<input type="checkbox"/> Mini Holter (mail-out) 3 days (d)	<input type="checkbox"/> Syncope <input type="checkbox"/> Dizziness	Echo / Holter / MCT / Event recorder
<input type="checkbox"/> MCT (Mobile Cardiac Telemetry) <input type="checkbox"/> 3d <input type="checkbox"/> 7d	<input type="checkbox"/> Murmur	Echocardiogram
<input type="checkbox"/> Event Recorder <input type="checkbox"/> 14d <input type="checkbox"/> 28d	<input type="checkbox"/> F/U Valvular Heart Disease	Echocardiogram
<input type="checkbox"/> Ambulatory BP Monitor	<input type="checkbox"/> F/U Prosthetic Valve	Echocardiogram
Nuclear Cardiology	<input type="checkbox"/> Heart Failure	Echocardiogram
<input type="checkbox"/> Treadmill Exercise Myocardial Perfusion Imaging	<input type="checkbox"/> LV Function	Echocardiogram
<input type="checkbox"/> Persantine Myocardial Perfusion Imaging (Persantine testing contraindicated in asthmatics)	<input type="checkbox"/> TIA/Stroke Workup	Echo / Holter / MCT / Event recorder
	<input type="checkbox"/> F/U Pericardial Disease	Echocardiogram

* Please note that Ottawa Cardiovascular Centre will arrange appropriate diagnostic testing prior to consultation on your behalf as required unless it has been done recently.

Medical History
 Details: _____
 Medications: _____

Risk Factors Hypertension Dyslipidemia Diabetes Smoking Family history CAD

Physician/ Health Care Provider Signature: _____ **OHIP Billing Number:** _____
Date (mm/dd/yyyy): _____