SUMMIT CARDIOLOGY

FAX TO **587 330 3002**

PATIENT		**REFERRING PHYSICIAN**	
NAME		NAME	
PHN		PRACID	
PHONE		PHONE	
DOB		FAX	

DIAGNOSTIC TESTS

☐ ECHOCARDIOGRAM ☐ CAROTID ULTRASOUND ☐ STRESS TEST *

RAPID ACCESS TO CARDIAC EVALUATION (RACE) CLINICS

☐ RISK STRATIFICATION ☐ CHEST PAIN ☐ DYSPNEA

CONSULTATION

☐ ROUTINE ☐ URGENT

RELEVANT INFORMATION

* method determined by cardiologist

Tel 587 330 3001
Fax 587 330 3002
summitcardiology.ca

#5208–7005 Fairmount Dr SE,
Calgary, Alberta