



JK Medical Clinic

Dundas Centre Medical Building (Byron and Hwy. 2)
220 Dundas St. West, Suite 205, **Whitby**, ON L1N-8M7

Phone: (905) 668-9375 Fax: (905) 668-1716

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Dr. J.K.(Jitendra Kumar) Singh Internal Medicine/Cardiology

Fax Referral Form to: (905) 668-1716

Name: Phone No.

Street: Town/City: Postal Code:

Date of Birth: (D-M-Y) Health Card #

Reason for test(s) / Relevant Clinical Information:

Medications- relevant only or LIST of meds if available
(we will ask the patient to bring all meds)

Referring physician name / signature:

Send reports / notes to: Dr.

Request for Appointments – Urgency* level

Consultation (Test as needed) **ASAP** - - **4** **5**

Cardiac Exercise Stress Test with Consult (single visit) **1** **2** **3** **4** **5**

Test only:

2D-Echocardiogram and Color Doppler **1** **2** **3** - -

Holter Monitor **24 hours** **48 hours** **1** **2** **3** - -

Blood Pressure Monitor-Ambulatory 24 hour (\$45) Monday to Friday

Loop Monitor with Trans-Telephonic download (2 wks duration): Monday to Friday

** Other test eg. Nuclear, TEE, Cardiac Cath etc. will be arranged if needed.

***Urgency Level Key:** **1 – within 3 working days** **2 – within 1 week** , **3 – within 2 weeks**
4 – within 1 month **5 – Elective** (Appt. as available)

Note:

(1) Patient will be called directly for the appointment and confirmed via fax back service to related Physician. Most of reports would be faxed to related physician for quick access.

(2) This form can be photocopied or printed from my WEBSITE