

Community Order Form

To order more referral forms and diagnostic test preparation instructions:

- Call us at 403-571-8640
- Fax this form to 403-571-8658
- Email your order to community@totalcardiology.ca
- Print directly from totalcardiology.ca

Physician: _____	Contact Name: _____
Clinic: _____	Clinic Address: _____
City: _____	Postal Code: _____
Phone: _____	Email: _____

Items Requested (50 sheets per pad)

<input type="checkbox"/>	TotalCardiology General Referral Form	# of Pads:	1	2	3	4	5	10
<input type="checkbox"/>	Diagnostic Test Instructions (please circle number of pads requested):							
<input type="radio"/>	Carotid Doppler	# of Pads:	1	2	3	4	5	10
<input type="radio"/>	Echocardiogram	# of Pads:	1	2	3	4	5	10
<input type="radio"/>	Exercise Stress Test	# of Pads:	1	2	3	4	5	10
<input type="radio"/>	Holter Monitor	# of Pads:	1	2	3	4	5	10
<input type="radio"/>	MPI	# of Pads:	1	2	3	4	5	10

Thank you for choosing TotalCardiology.