

Community Order Form

To order more referral forms and diagnostic test preparation instructions:

- Call us at 403-571-8640
- Fax this form to 403-776-7681
- Email 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 | <input type="text" value="# of Pads:"/> |
| <input type="checkbox"/> Diagnostic Test Instructions (please select type and number of pads requested): | |
| <input type="checkbox"/> Carotid Doppler | <input type="text" value="# of Pads:"/> |
| <input type="checkbox"/> Echocardiogram | <input type="text" value="# of Pads:"/> |
| <input type="checkbox"/> Exercise Stress Test | <input type="text" value="# of Pads:"/> |
| <input type="checkbox"/> Holter Monitor | <input type="text" value="# of Pads:"/> |
| <input type="checkbox"/> MPI | <input type="text" value="# of Pads:"/> |

Thank you for choosing TotalCardiology.