

Please send the following information for
Heart Catheterization Referral

PLEASE FAX COMPLETED REFERRALS TO 204-235-3586

*****INCOMPLETE REFERRALS WILL NOT BE PROCESSED AND WILL BE RETURNED TO REFERRING PHYSICIAN OFFICE FOR RESUBMISSION*****

- Completed Heart Catheterization Referral Form (www.cardiacsciences.mb.ca)
- Patient History/Clinic Letter (most recent)
- Patient Demographics (including address, phone number, referring physician, physician fax number)
- EKG (within 6 months)
- Blood work: K+, Cr, Hg, PLT's, (within last 6 months)
 - INR if patient on Warfarin therapy
- ASA allergy - **Completed ASA allergy referral form required** (www.cardiacsciences.mb.ca)
- Recent Diagnostic Testing (as applicable within last 12 months)
 - Stress Test – summary report only
 - MUGA and /or MIBI
 - Echo
- Angiogram Reports (prior to 2016) or if not at St. Boniface Hospital
- Cardiac OR reports if surgery not at St. Boniface Hospital

*****FOR SBH REFERRALS PLEASE SEND ONLY REQUIRED INFO AS LISTED ABOVE*****

BCHART IS NO LONGER REQUIRED