THORACIC AORTIC SURGERY CLINIC

UHN Peter Munk Cardiac Centre

Tel: 1-416-340-3491 Fax: 1-416-340-3558

Patient is eligible for ***Thoracic Aortic Surgery Clinic*** referral if patient has a thoracic aortic aneurysm (root, ascending, arch, descending thoracic, thoracoabdominal) 4.5 cm in diameter or larger. If you would like your patient with a smaller aortic aneurysm to be assessed, please specify reason in the allotted space below.

Patient Information			
Name:			OHIP:
DOB:	Age:	Sex:	Phone #:
Address:			
Reason for Referral:			

Urgent Features:	Imaging: (Within last 6 months)
Chest/back pain/suspicion of aortic dissection or rupture: please send immediately to emergency room Check if any of the following apply: ☐ Family history of aortic dissection/sudden death ☐ Personal history of aortic dissection ☐ Genetically-triggered aortopathy ☐ Rapid growth >5 mm per year	☐ Computed Tomography ○ Date: ☐ Magnetic Resonance Imaging ○ Date: ☐ Echocardiography ○ Date: Please send a CD or pockethealth link of the imaging with the referral

Referring Physician		
Name:	Billing:	CPSO:
Practitioner Address:	Telephone:	Fax:
Practitioner Signature:	Date of referral:	

Our office will contact the patient directly with an appointment.

Mailing address: Manisha Verma
TGH, Peter Munk Building,
4N- 477, Toronto, ON, M5G 2C4