



596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging - FAX: 905-830-5810

Health Record #: _____ Complete or place barcoded patient label here
 Patient Name: (Print first, last) _____
 DOB: dd / mm / yy Age: _____ Female Male
 OHIP #: _____ Version Code: _____
 Account #: _____ Date of Admission: dd / mm / yy

Cardiac Diagnostics Requisition

TO SCHEDULE AN APPOINTMENT: First call (905) 895-4521, extension 2665, then fax requisition to (905) 830-5810.
GIVE ORIGINAL TO PATIENT: We require 48 hours notice for cancellations.

Patient Preparation and Information on reverse side

Family Physician: (print first, last)

Referring Physician: (print first, last)

List the patient's home phone number and, if applicable, one alternate number. For each number, use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care & appointments can be left at that number:

Home: Call - can leave a message on voicemail with a person
Work/Other: Call - can leave a message on voicemail with a person

[NB: Consent to send copies can be implied if the recipients are likely to be involved in ongoing or follow-up care.]

I have obtained verbal or implied consent to send copies of results/notes to: _____

APPOINTMENT

PROCEDURE	DATE	TIME
<input type="checkbox"/> Regular Exercise Treadmill (stress test)		
<input type="checkbox"/> Holter Monitor <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 72 hr. <input type="checkbox"/> 7 day <input type="checkbox"/> 14 day		
<input type="checkbox"/> Loop/Event Recorder		
<input type="checkbox"/> 24 hour Ambulatory Blood Pressure Monitoring		
<input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Exercise Stress Echocardiogram <input type="checkbox"/> with contrast		
<input type="checkbox"/> TEE (specialists referral or on recommendation of cardiologist)		

Specialist order only for the following:

<input type="checkbox"/> Dobutamine Stress Echocardiogram <input type="checkbox"/> Viability		
<input type="checkbox"/> Persantine Stress Echo		
<input type="checkbox"/> Contrast Echocardiogram <input type="checkbox"/> Technically difficult study – wall motion analysis <input type="checkbox"/> Rule out apical clot		

INDICATION FOR TEST

Referring Physician Signature:

Date: dd / mm / yy **Time:** _____





Patient Preparation and Information

Regular Exercise Stress Test (45 mins)

- Bring a current list of any medications you are taking
- Wear loose fitting, comfortable clothing including rubber sole walking/running shoes
- Avoid alcoholic beverages for a minimum of 24 hours prior to the test
- Avoid smoking for a minimum of two (2) hours prior to the test

Holter Monitor 24, 48 hr, 72 hr, 7 days or 14 days (30 mins)

- No special preparation required
- Bring a current list of any medications you are taking

24 Hour Ambulatory Blood Pressure Monitoring (45 mins)

- Non OHIP covered test; a \$50 fee applies
- No special preparation

Echocardiogram (60 min)

- Avoid the use of powder or creams on your chest or stomach the day of your test

Loop/Event Recorder (45 min)

- No special preparation required

Transesophageal Echocardiogram (TEE - 2 to 3 hours)

- Have nothing to eat or drink after midnight prior to your test
- You will be receiving a sedative. You must arrange for a responsible adult to drive you home from the hospital after your test.
- DO NOT DRIVE for 24 HOURS
- Bring a current list of any medications you are taking

Exercise Stress Echocardiogram (2 hours)

- Bring a current list of any medications you are taking
- Wear loose fitting, comfortable clothing including rubber sole walking/running shoes

Dobutamine Stress Echocardiogram or Persantine Stress Echocardiogram (2 hours)

- Bring a current list of any medications you are taking
- Avoid caffeine (coffee, tea, cola, chocolate, decaffeinated beverages) for 24 hours prior to your test
- An intravenous line will be inserted into your arm to deliver the medication for the test

Contrast Echocardiogram (1.5 hours)

- Bring a current list of any medications you are taking
- An intravenous line will be inserted into your arm to deliver the contrast agent