SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Cardiac Diagnostics - 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 Referral

❑ **IN-PATIENT –** for STAT ECHO, page Cardiologist on-call	❑ **OUT-PATIENT:** ❑ Urgent *(less than 2 weeks)* ❑ Routine
Patient Name: (print first, last)	Date of Birth: dd / mm / yy
Address: Street Number + Name Apartment City Province Postal Code	
Health Card Number:	Version Code:
Other Insurance:	WSIB Number:
Contact Number:	Alternate:

EXAMINATION(S) REQUESTED

Cardiac Structure and/or Function Assessment

❑ Echocardiography **(colour/doppler)** ❑ Bubble Study
❑ Transesophageal Echocardiography ❑ Bubble Study
(TEE - must be NPO greater than 6 hours, specialists referral or on recommendation of cardiologist)
❑ TEE & Consultation regarding subsequent management
❑ Contrast ECHO

Stress Testing/Ischemic Testing

❑ Exercise Stress Test
❑ Exercise Stress ECHO

Monitoring

❑ ECG
❑ Ambulatory ECG Monitoring **(holter)**
Hours: ❑ 24 ❑ 48
Days: ❑ 7 ❑ 14 **(out-patient only)**

CLINICAL INFORMATION * You must complete this section.

An incomplete requisition will cause a delay in service to your patient.

Reason for Request:

_____

_____

❑ Chest Pain ❑ Syncope ❑ Heart Function/ Failure
❑ Dyspnea ❑ Post PCI/CABG
❑ Palpitations ❑ History of MI ❑ Murmur/Valve Disease
❑ Arrhythmia ❑ Stroke/TIA

Pacemaker: ❑ Yes ❑ No Sleep Apnea: ❑ Yes ❑ No
Defibrillator: ❑ Yes ❑ No Diabetic: ❑ Yes ❑ No
Height: _____ cm Weight: _____ kg

Allergies:

Medications: *(please list)*

BY SIGNING THIS REQUISITION, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS PROCEDURE.
PLEASE FAX COMPLETED REQUISITION TO 905-830-5810 TO SCHEDULE AN APPOINTMENT.

NOTE: THIS REQUISTION WILL BE TRIAGED BY THE CARDIAC DIAGNOSTICS DEPARTMENT.

PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.

Referring Physician: *(print first, last)*	**Billing #:**
Signature:	**Date:** dd / mm / yy
Office Phone: ( )	**Fax Number:** ( )
COPY OF REPORT TO: **Family Doctor:** _____	

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Patient Preparation and Information

**** Please arrive 15 minutes prior to your appointment to allow time for registration and hold your appointment time.***

Regular Exercise Stress Test *(Duration: 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 hr, 48 hr, 72hr, or 14 days *(Duration: 30 mins)*

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

24 Hour Ambulatory Blood Pressure Monitoring *(Duration: 45 mins)*

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

Echocardiogram *(Duration: 60 min)*

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

Transesophageal Echocardiogram *(Duration: TEE - 2 to 3 hours)*

- Have nothing to eat or drink after midnight prior to your test. You may take your medications in the morning with a sip of water.
- 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 *(Duration: 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 *(Duration: 2 hours)*

- Bring a current list of any medications you are taking
- You may have a light breakfast
- 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 *(Duration: 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