# Cardiac Diagnostics Referral

**Cardiac**

**Diagnostics - FAX: 905-830-5810**

## EXAMINATION(S) REQUESTED

### Cardiac Structure and/or Function Assessment
- [ ] Echocardiography *(colour/doppler)*
- [ ] Bubble Study
- [ ] Transesophageal Echocardiography *(TEE)*
- [ ] Bubble Study *(TEE)*
  - (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.

**Reason for Request:**

- [ ] Chest Pain
- [ ] Dyspnea
- [ ] Palpitations
- [ ] Arrhythmia
- [ ] Syncope
- [ ] Post PCI/CABG
- [ ] History of MI
- [ ] Stroke/TIA
- [ ] Heart Function/Failure
- [ ] Murmure/Valve Disease

**Allergies:**

- [ ] Sleep Apnea:
  - [ ] Yes
  - [ ] No

- [ ] Diabetic:
  - [ ] Yes
  - [ ] No

**Height:** [ ] _________ cm
**Weight:** [ ] _________ kg

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**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 REQUISITION WILL BE TRIAGED BY THE CARDIAC DIAGNOSTICS DEPARTMENT. Patient preparations and instructions on reverse side.**

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**Referring Physician:** (print first, last)

**Billing #:**

**Signature:**

**Office Phone:** ( )

**Fax Number:** ( )

**Date:** [ ] dd / mm / yy

**COPY OF REPORT TO:** Family Doctor:

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The collecting of personal information on this form is done in accordance with Southlake’s Privacy Policy. Details are available on our website, www.southlakeregional.org
**Patient Preparation and Information**

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

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**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