CARDIAC DIAGNOSTICS REQUISITION
By Appointment Only
**** For Patients 18 Years of Age & Older****

Tel 519-751-5599
Fax 519-751-5582

Name: ____________________
Address: ____________________
City/Province: ____________________
Postal Code: ____________________
Phone: Home: __________ Other: __________
Health Card #: ____________________
DOB: DD/MM/YYYY: __ __ / __ __ / __ __ __ __

☐ **ECHOCARDIOGRAM**
☐ **ECHOCARDIOGRAM WITH CONTRAST**
☐ **ECHOCARDIOGRAM WITH SALINE (Bubble Study)**
☐ **3D ECHOCARDIOGRAM**

☐ **STANDARD EXERCISE STRESS**
** patient **MUST** be able to walk on treadmill **
HOLTER MONITOR ☐ **24 hr** ☐ **48 hr**
☐ **ECG**

	STANDARD INDICATIONS FOR ECHOCARDIOGRAPHY		
	Heart Murmur		Pulmonary Disease
	Valvular Regurgitation		Pulmonary Embolism
	Valvular Stenosis		Dyspnea
	Hypertension		Pericardial Disease
	Stroke / TIA - Rule out source of embolic event		Suspected Structural Heart Disease
	Congestive Heart Failure		Cardiac Mass
	Infective Endocarditis		Known or Suspected Mitral Valve Prolapse
	Edema		
	Acute Coronary Syndrome		Palpitations/ Arrhythmia
	Post Myocardial Infarction		Syncope
	Chest Pain		Interventional Procedures
	Cardiomyopathy		Pre-Pacemaker/ICD
	Chemotherapy Baseline Surveillance		Pre-Cardioversion
			Thoracic Aortic Disease
			Congenital or Inherited Structural Heart Disease
	Prosthetic Heart Valve ☐ Aortic ☐ Mitral ☐ Tricuspid ☐ Pulmonic Date (year) __________		**OTHER:**

	INDICATIONS FOR STRESS / ECG / HOLTER
	Post Myocardial Infarction (MI)
	Post Percutaneous Coronary Intervention /Coronary Artery Bypass Grafting (PCI/CABG)
	Chest Pain
	Shortness of Breath
	Functional Capacity
	Cardiac Rehabilitation
	Syncope
	R/O Atrial Fibrillation
	Dizzy Spells
	Palpitations
	PVC's
	Pacemaker/Defibrillator
	Please list medications:
	OTHER:

PLEASE IDENTIFY PERTINENT CLINICAL INFORMATION AND PATIENT HISTORY

Patient Height ____________________ Weight ____________________ ☐ Greater than 300 lbs or 136 kg

Ordering Physician:

Print: ____________________ Copies to: ____________________

Sign: ____________________ Date: ____________________

For Office Use Only Scheduled Exam(s) / Date(s) / Time(s) ____________________