



REQUEST FOR Cardio-Diagnostics

• BY APPOINTMENT ONLY •

Tel: 705-327-9115 Fax: 705-325-3985

PATIENT INFORMATION		MRN N ^o	APPOINTMENT DATE:		TIME:
<input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT <input type="checkbox"/> ER		ARRIVAL TIME:			
Last Name			First Name		<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (D/M/Y)		Health Card N ^o	WSIB N ^o	3rd Party Ins. N ^o	
Address					
City		Postal Code	Contact Number	<input type="checkbox"/> OK to leave voice mail message	
Patient is able to give consent for this procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the patient have a glucose monitoring device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If patient unable to give consent, please ensure SDM attends with the patient and has appropriate documentation.					
<input type="checkbox"/> SDM Name:		<input type="checkbox"/> SDM Contact Information:			
<input type="checkbox"/> Patient requires assistance to complete this imaging exam, e.g. mobility, translation					Please Specify:

REQUIRED TESTS:

12-LEAD ECG

HOLTER MONITOR

24 HR

48 HR

72 HR

7 DAY

14 DAY

ACUTE CARDIAC EVALUATION SERVICES

(For urgent assessment only. This includes a consultation with internal medicine. Please check testing required.)

INDICATION FOR URGENT ASSESSMENT:

AMBULATORY BLOOD PRESSURE MONITOR (*uninsured, patient fee \$75*)

CARDIAC STRESS TEST (*if the patient has no previous CAD, please hold rate reducing medication, if possible*)

NUCLEAR PERFUSION STUDIES (*Referral must be made by internal medicine or cardiologist. No caffeine or dairy 24 hours prior to testing.*)

Exercise Cardiolite Stress Test

Persantine Cardiolite Stress Test

REQUESTS FOR TESTING SHOULD INCLUDE ER REPORT OR PATIENT PROFILE, MEDICATION LIST AND ANY PRIOR CARDIAC DIAGNOSTIC STUDIES (ECG, ECHO, BLOOD WORK, INTERVENTIONAL PROCEDURES).

CLINICAL INFORMATION	MEDICATION

Physician's Name
(Please PRINT clearly)

Phone

CPSO#

**INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITIONS
WILL BE RETURNED.**

Physician's Signature