Soldiers' MEMORIAL HOSPITAL Orillia

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

REQUEST FOR

Cardio-Diagnostics

• BY APPOINTMENT ONLY •

PATIENT INFORMATION | MRN N°. | Isolation Status

☐ **IN-PATIENT** ☐ **OUT-PATIENT** ☐ **ED** ☐ **AHF**

Last Name	First Name	☐ M ☐ F

Date of Birth (D/M/Y)	Health Card N°.	WSIB N°.	3rd Party Ins. N°.

Address	City	Postal Code

Email Address	Contact Number	☐ OK to leave voice mail message

Patient is able to give consent for this procedure: ☐ Yes ☐ No

Does the patient have a glucose monitoring device? ☐ Yes ☐ No

If patient unable to give consent, please ensure SDM attends with the patient and has appropriate documentation.

☐ SDM Name: ☐ SDM Contact Information:

☐ Patient requires assistance to complete this imaging exam, *e.g. mobility, translation* Please Specify:

EXAMINATIONS REQUESTED:

☐ 12-LEAD ECG

HOLTER MONITOR

- ☐ 24 HR
- ☐ 48 HR
- ☐ 72 HR
- ☐ 7 DAY
- ☐ 14 DAY

☐ **ACUTE CARDIAC EVALUATION SERVICES** *(For urgent assessment only)*

Please Indicate Required Tests

REASON FOR REFERRAL:

Chest Pain NYD ☐ Stroke / TIA ☐

Presyncope/syncope ☐

Arrhythmia ☐

Dyspnea ☐

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

☐ CARDIAC STRESS TEST **(Includes Consultation)** ***(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

NOTE: THIS REQUISITION WILL BE TRIAGED BY THE CARDIO DIAGNOSTICS DEPARTMENT

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 QUESTION AND RELEVANT CLINICAL INFORMATION (Must be provided and must be specific)	**MEDICATION**

Physician's Name (Please PRINT clearly)	**Phone #**	**CPSO #**
Address #	**Billing #** / **Fax #**	Physician's Signature

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

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