

## Cardiac Diagnostics Requisition

Niagara Falls

St. Catharines

Welland

Consult

Consult if Abnormal

### Patient Information

No Consult

Name:

Phone No.:

OHIP No.:

DOB:

Referring Dr:

Phone No.:

### Clinical History

### Medications

### Diagnostic Test Required

<input type="checkbox"/>	<b>EKG</b>		
<input type="checkbox"/>	<b>Exercise Stress Test</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Evaluation of exercise capacity <input type="checkbox"/> Others		
<input type="checkbox"/>	<b>Holter Monitoring</b> <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours		
<input type="checkbox"/>	<b>Loop/Event Recorder EKG Monitoring</b>		
<input type="checkbox"/>	<b>Echocardiography</b> <input type="checkbox"/> Evaluation of Systolic Function <input type="checkbox"/> Evaluation of Diastolic Function <input type="checkbox"/> Evaluation of LV Hypertrophy <input type="checkbox"/> Evaluation of Valvular Structure • Mitral • Aortic • Tricuspid • Pulmonary <input type="checkbox"/> Evaluation of ischemia & CAD. <input type="checkbox"/> Others:		
<input type="checkbox"/>	<b>Ambulatory BP Monitoring</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Effect of treatment <input type="checkbox"/> R/O hypotension episodes		
<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>• Pharmacological Myocardial Perfusion Scan</b>  <input type="checkbox"/> Diagnosis of CAD    <input type="checkbox"/> Post MI Stratification  <input type="checkbox"/> Others                 </td> <td style="width: 50%; border: none;"> <b>• Exercise Myocardial Perfusion Scan</b>  <input type="checkbox"/> Preoperative evaluation                 </td> </tr> </table>	<b>• Pharmacological Myocardial Perfusion Scan</b> <input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification <input type="checkbox"/> Others	<b>• Exercise Myocardial Perfusion Scan</b> <input type="checkbox"/> Preoperative evaluation
<b>• Pharmacological Myocardial Perfusion Scan</b> <input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification <input type="checkbox"/> Others	<b>• Exercise Myocardial Perfusion Scan</b> <input type="checkbox"/> Preoperative evaluation		

Physician Signature:

Date:

Please Fax Requisition to 1-888-825-1148

