



MedCare Diagnostics @ Niagara Square

7555 Montrose Road - Unit E2, Niagara Falls - Ontario, L2H 2E9

Tel: (289) 292-0452

Email: niagara@medcarediagnostics.ca

Fax: (289) 292-0453

Web: www.medcarediagnostics.ca

**PLEASE FAX
COMPLETED FORM TO
289-292-0453**

MEDCARE DIAGNOSTICS WILL CONTACT
PATIENT TO SCHEDULE APPOINTMENT

REQUEST FOR CARDIAC DIAGNOSTIC TESTING & CONSULTATION

PATIENT INFORMATION

First Name _____
Last Name _____
Home Phone _____
Cell Phone _____
OHIP # _____ Expiry _____
Version Code _____
Gender (at birth) _____
Date of Birth (mm/dd/yyyy) _____

PHYSICIAN INFORMATION

Name _____
Provider Billing # _____
Phone _____
Fax _____
Address _____
Send Copy To _____

EXAMINATION REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> 24-Hour Ambulatory Blood Pressure Monitoring
<small>(Charge Applies. Not Covered by OHIP.)</small> | <input type="checkbox"/> Holter Monitoring | <input type="checkbox"/> First Available Consultation |
| <input type="checkbox"/> Echocardiogram (without contrast) | <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour | <input type="checkbox"/> Internal Medicine Consultation |
| <input type="checkbox"/> ECG | <input type="checkbox"/> Treadmill Stress Test | <input type="checkbox"/> Dr. Howard Miller |
| <input type="checkbox"/> Spirometry | <input type="checkbox"/> Treadmill Stress Echo (with consult) | <input type="checkbox"/> Dr. Muhammad Khawar |
| | | <input type="checkbox"/> Dr. Amr Abd El-Radi |
| | | <input type="checkbox"/> Dr. Harris Joseph |
| | | <input type="checkbox"/> Cardiology Consultation |
| | | <input type="checkbox"/> Dr. Nitin Verma |
- *A patient with a positive stress test will be booked for an immediate consult with one of our medical providers.

REASON FOR TESTING OR CONSULTATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Pre/Post Op |
| <input type="checkbox"/> Atrial Arrhythmias (A. Fib / A. Flutter) | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Prosthetic Heart Valve |
| <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Interventional Procedures | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Cardiac Structural Disease | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Cardioversion | <input type="checkbox"/> Native Valvular Regurgitation | <input type="checkbox"/> Structural Heart Disease |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Native Valvular Stenosis | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Chronic Heart Failure (Diastolic, Systolic) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Thoracic Aortic Disease |
| <input type="checkbox"/> Dizziness / Lightheaded | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Ventricular Arrhythmia |
| <input type="checkbox"/> Dyspnea / SOB | <input type="checkbox"/> Pericardial Disease / Effusion | <input type="checkbox"/> Weakness / Fatigue |
| <input type="checkbox"/> Other/Clinical History: _____ | | |

CARDIOVASCULAR RISK REDUCTION PROGRAM

(Please Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Obesity | <input type="checkbox"/> Poor Diet |
| <input type="checkbox"/> Family History | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Sedentary Lifestyle |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Hypertension | <input type="checkbox"/> High Stress |
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Metabolic Syndrome |

☐ URGENT/STAT

Physician Signature



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PATIENT PREPARATION AND ADDITIONAL DETAILS

- A valid OHIP card must be shown at every visit along with this requisition form
- Bring current medication list
- Please refrain from wearing any fragrances; we are a scent free environment
- 24-hours notice is required for any appointment changes/cancellations
- Please arrive 15-minutes before your appointment to register
- Free parking is available

AMBULATORY BLOOD PRESSURE OR HOLTER MONITORING

- No body lotions, powders or oils 24-hours prior to test
- Bathe before appointment; no bathing or swimming while wearing monitor
- Wear loose fitting and comfortable clothing

STRESS TEST OR ECHOCARDIOGRAM

- No food, drink, caffeine or smoking 2-hours prior to test
- Wear loose fitting and comfortable clothing with walking/running shoes
- Bring your inhaler/puffer if you have exercise induced asthma
- If safe and advised by your physician, stop the follow medication(s) prior to test: Beta Blockers (48-hours), Nitrates (24-hours), Calcium Channel Blockers (24-hours), Erectile Dysfunction medication (72-hours)

Do NOT stop medication on your own

NUCLEAR CARDIOLOGY

- No caffeine 24-hours prior to test (coffee, tea, chocolate, pop and decaffeinated beverages)
- No food, drink or smoking 4-hours prior to test
- Wear loose fitting and comfortable clothing with walking/running shoes
- If safe and advised by your physician, stop the follow medication(s) prior to test: Beta Blockers (48-hours), Nitrates (24-hours), Calcium Channel Blockers (24-hours), Erectile Dysfunction medication (72-hours)

Do NOT stop medication on your own

SPIROMETRY

- If safe and advised by your physician, stop any inhalers/puffers 24-hours prior to test

Do NOT stop any medication on your own

Located in the Costco Plaza, nearby to BMO Bank.

