

20 Rivermont Road - Unit B7-B9, Brampton - Ontario, L6Y 6G7

Tel: (905) 454-2422

Email: riverview@medcarediagnostics.ca

Fax: (905) 455-0143

Web: www.medcarediagnostics.ca**PLEASE FAX
COMPLETED FORM TO
905-455-0143****SERVICE PROVIDER 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 _____

SERVICE REQUESTED

- ☐ Echocardiogram + ECG (contrast may be used)
☐ Exercise Stress Echocardiogram (contrast may be used)
☐ Holter Monitoring (72-hours)
☐ Cardiac Consultation
☐ Exercise Stress Test

- ☐ Internal Medicine Consultation
☐ 2D Colour Doppler Echocardiography (contrast may be used)
☐ 24-Hour Ambulatory Blood Pressure Monitoring
(Charge Applies. Not Covered by OHIP)

SUBSPECIALTY (if applicable)

- ☐ Cardiac Imaging
☐ Electrophysiology / Arrhythmia
☐ Interventional Cardiology
☐ Structural Heart Disease

REASON FOR TESTING OR CONSULTATION

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Abnormal ECG / EKG | <input type="radio"/> Heart Failure | <input type="radio"/> Pericardial Disease / Effusion |
| <input type="radio"/> Atrial Arrhythmias (A. Fib / A. Flutter) | <input type="radio"/> Heart Murmur | <input type="radio"/> Pre/Post Op |
| <input type="radio"/> Bradycardia | <input type="radio"/> Hypertension | <input type="radio"/> Prosthetic Heart Valve |
| <input type="radio"/> Cardiac Structural Disease | <input type="radio"/> Interventional Procedures | <input type="radio"/> Pulmonary Disease |
| <input type="radio"/> Cardioversion | <input type="radio"/> Known / Suspected Coronary Artery Disease | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> Chest Pain | <input type="radio"/> Mitral Valve Prolapse | <input type="radio"/> Syncope / Pre-Syncope |
| <input type="radio"/> Chronic Heart Failure (Diastolic, Systolic) | <input type="radio"/> Native Valvular Regurgitation | <input type="radio"/> Tachycardia |
| <input type="radio"/> Diabetes | <input type="radio"/> Native Valvular Stenosis | <input type="radio"/> Thoracic Aortic Disease |
| <input type="radio"/> Dizziness / Lightheaded | <input type="radio"/> Obesity | <input type="radio"/> Ventricular Arrhythmia |
| <input type="radio"/> Dyspnea / Shortness of Breath | <input type="radio"/> Pacemaker | <input type="radio"/> Weakness / Fatigue |
| <input type="radio"/> Edema | <input type="radio"/> Palpitations | |

Other/Clinical History: _____

CARDIOVASCULAR RISK REDUCTION PROGRAM

Please Check All That Apply

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

☐ 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

Located Inside Riverview Plaza on Steeles Avenue West between Mississauga Rd & Heritage Rd

