

**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

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

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



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**

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 following 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

