



CARDIOLOGY REQUISITION

For OTMH ED Use

PATIENT LINE 905.849.6799
BOOKING LINE 905.849.9367
FAX 905.849.8266
www.OakvilleCardiologists.com

PATIENT NAME _____
BIRTHDATE dd mm yy M F
HEALTH CARD _____
TEL H _____
 W _____
ADDRESS _____

REFERRING MD _____
ADDRESS _____

TEL _____
FAX _____
REFERRAL # _____
COPY TO _____

CARDIAC DIAGNOSTICS	Date/Time	Location
<input type="checkbox"/> 1. Echocardiogram		
<input type="checkbox"/> 2. Exercise Cardiolute <input type="checkbox"/> 3. Persantine Cardiolute <input type="checkbox"/> 4. Exercise Stress Echocardiogram <input type="checkbox"/> 5. Dobutamine Stress Echocardiogram <input type="checkbox"/> 6. Exercise Stress Test		
<input type="checkbox"/> 7. Holter Monitor 24 hrs <input type="checkbox"/> 8. Holter Monitor 48 hrs <input type="checkbox"/> 9. Holter Monitor 72 hrs <input type="checkbox"/> 10. Arrhythmia Monitor (Holter 14 days)		
<input type="checkbox"/> 11. ECG		
<input type="checkbox"/> 12. Ambulatory Blood Pressure Monitor 24 hrs (fee \$50)		
<input type="checkbox"/> 13. Resting MUGA		OTMH

CLINICAL INDICATION

If urgent, state reason

For HF evaluation

NYHA II-III

BNP > 300

EHMRG Score 3-6
<https://ehmrg.ices.on.ca>

MD signature

Date

CONSULTATION **SPACE Clinic evaluation for heart failure presentation**

New patient, requesting first available cardiologist

New patient, requesting specific cardiologist

Returning patient, previously seen by

Dr Vera Chiamvimonvat
 Dr Michael Heffernan
 Dr Kostas Ioannou
 Dr Sean Jedrzekiewicz
 Dr Qin Li
 Dr Russell Mao
 Dr David McConachie
 Dr Jan Orfi
 Dr Michelle Paikin
 Dr Talha Syed

Please inform patients regarding medications to be held prior to tests.

Please see reverse for test information, patient preparation and map. Electronic forms and further information available at www.OakvilleCardiologists.com.

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