



CARDIS

Cardiac Diagnostics and Imaging Solutions
Healthy Heart is a Happy Heart



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Patient's Information

Cardiac Diagnostics Requisition Form

Reset Form

Patient's Name: _____
D.O.B: _____ Gender: _____ Phone No: _____
Address: _____
Health Card No: _____ Version Code: _____

Physician's Information

Referring Physician: _____
Billing Number: _____
Address: _____
Phone No: _____ Fax: _____

Signature

Consultant Onboard

☐ Dr. Iyer (M.D., FRCPC)

Clinical Information

Cardiac Diagnostic Services

☐ Urgent

- | | |
|--|--|
| <input type="checkbox"/> Cardiology Consultation | <input type="checkbox"/> ECG/EKG (Electrocardiography) |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Exercise Treadmill Test (GXT) |
| <input type="checkbox"/> Stress Echocardiography | <input type="checkbox"/> Contrast Echocardiography |
| <input type="checkbox"/> Pediatric Echocardiography | <input type="checkbox"/> Fetal Echo |
| <input type="checkbox"/> Holter Monitoring – <input type="checkbox"/> 48h <input type="checkbox"/> 72h | <input type="checkbox"/> 14-Days |
| <input type="checkbox"/> Ambulatory Blood Pressure Monitoring (ABPM) (ABPM is not covered by OHIP) | |

Referring Reason

- | | |
|---|--|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Arrhythmia |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Irregular Heartbeats |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Light-headedness/Dizziness | <input type="checkbox"/> Lower Limb Swelling |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> TIA/Stroke |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> R/O Coronary Artery Disease (CAD) |
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Any Other: |

Risk Factor

- ☐ Smoking
- ☐ Alcohol
- ☐ Diabetes
- ☐ Obesity
- ☐ Sedentary Lifestyle
- ☐ Metabolic
- ☐ Family History
- ☐ High BP
- ☐ Cholesterol
- ☐ Gender
- ☐ Age
- ☐ Any Other:

Note: Kindly bring your health card and the doctors prescriptions with you on the day of your test
Note: One day prior notice is required for cancellation of your appointment.

FOR REFERRING PHYSICIAN

- 1 Please send updated medication
- 2 Please send latest lab results
- 3 Please send relevant Cardiac testing done prior

CARDIAC TEST PREPARATIONS

- 1 PLEASE ARRIVE 10 MINUTES PRIOR TO YOUR APPOINTMENT.
- 2 PLEASE BRING ALL MEDICATIONS TO ALL TESTS.
- 3 Bring OHIP card (required by the Ministry of Health).
- 4 Do not wear cream or body lotion on the day of the test.
- 5 If English is not spoken by the patient, please have an English-speaking person accompany patient.
- 6 Please provide us with 48 hours' notice for cancellation.

TEST INFORMATION

Echocardiogram

To assess heart function and structure using ultrasound.

Exercise ECG

Your MD should explain the risk and benefit of the test to you.

Walk on a treadmill, increasing speeds and incline.

Stress Echocardiogram

Exercise in combination with ultrasound of the heart to assess for heart disease

Holter Monitor

Worn to assess heart rhythm (Cardiac Activity)

Ambulatory Blood Pressure Monitor

Worn for 24 hours to monitor blood pressure.

PREPARATION/DURATION

- No preparation required
30-45 mint
- 1 Wear loose clothing and running shoes
- 2 Women wear a 2-piece outfit. No dresses
- 3 Bring eyeglasses as there will be a consent form to sign
(Non exercise ECG requires no preparation)
- 4 **Check with your MD regarding stopping beta-blockers**
45 minutes to 1 hour
- 1 Wear loose clothing and running shoes
- 2 Women wear a 2-piece outfit (no dresses)
- 3 Bring eyeglasses as there will be a consent form to sign
(Non exercise ECG requires no preparation)
- 4 **Check with your MD regarding stopping beta-blockers**
45 minutes to 1 hour
- 1 Women wear a 2-piece outfit (no dresses)
- 2 Take a shower before the test, as no shower is allowed while the Holter is on
15-minute hookup.
- Wear belt.
10 minutes
(\$70 Charge cash or cheque, please)

Call Us

For More Info

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