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• 1965 Britannia Rd W Unit # 5, 6 & 7, Mississauga, ON L5M 4Y4

Patient's Information	Cardiac Diagnostics Requisition Form Reset Form	
Patient's Name:		
D.O.B:	Gender: Phon	ne No:
Health Card No:	Version Code:	
Physician's Information		
Referring Physician:		
	Fax:	
Priorie No.		 Signature
Consultant Onboard		
□ Dr. Iyer (M.D., FRCPC)		
Clinical Information		
Cardiac Diagnostic Services	☐ Urgent	
☐ Cardiology Consultation	☐ ECG/EKG (Electrocardiography)	
☐ Echocardiography	Exercise Treadmill Test (GXT) Contract Esha cardia graphy	
Stress EchocardiographyPediatric Echocardiography	☐ Contrast Echocardiography ☐ Fetal Echo	
☐ Holter Monitoring — ☐ 48		
☐ Ambulatory Blood Pressure Monitoring (ABPM) (ABPM is not covered by OHIP)		
Referring Reason		Risk Factor
	A why the min	 ☐ Smoking
Chest pain	Arrhythmia	Alcohol
Shortness of breath	☐ Irregular Heartbeats	☐ Diabetes ☐ Obesity
Syncope	☐ Hypertension	Sedentary Lifestyle
☐ Light-headedness/Dizziness	☐ Lower Limb Swelling	☐ Metabolic
☐ Palpitations	☐ TIA/Stroke	☐ Family History ☐ High BP
·		Cholesterol
Heart Murmurs	R/O Coronary Artery Disease (CAD)	☐ Gender ☐ Age
☐ Abnormal ECG	☐ Any Other:	☐ 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.

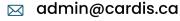
PREPARATION/DURATION

- 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 <u>Check with your MD regarding stopping beta-blockers</u> 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)
- 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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