

Patient Name: _____

Date of Birth: _____

Patient phone # _____

Health card # _____

CARDIOLOGY SERVICES REQUISITION

Pre-Op Urgent Copy to:

OAKVILLE Hospital
3001 Hospital Gate, L6M 0L8
Phone: 905-338-4686
Fax: 905-815-5082

ECHOCARDIOGRAPHY

- 2D ECHO and Colour Flow Doppler
- TEE (Transesophageal Echo)
→ Complete TEE Requisition
- Exercise Stress Echo
- Dobutamine Stress Echo

Date / Time: _____

EXERCISE STRESS TEST

- Graded Exercise
- Cardiopulmonary Exercise Test

Date/Time: _____

NUCLEAR CARDIOLOGY

Height: _____ Weight: _____

- Exercise Cardioline
- Persantine Cardioline
- Dobutamine Cardioline
- Resting MUGA
- Viability (Thallium)

Date/Time: _____

Please give us 24-hour notice if you need to cancel your appointment, as we pre-order the radioisotope for your appointment

HOLTER MONITOR

- 24-Hour Monitor
- 48-Hour Monitor
- 72-Hour Monitor
- 14-Day Monitor

Date/Time: _____

12-LEAD ECG

No appointment necessary
Time: 8:00 a.m. – 4:00 p.m.
Monday – Friday

MILTON Hospital
725 Bronte St. South, L9T 9K1
Phone: 905-876-7012
Fax: 905-876-7044

ECHOCARDIOGRAPHY (Phone: 905-876-7604)

- 2D ECHO and Colour Flow Doppler
- Exercise Stress Echo

Date / Time: _____

EXERCISE STRESS TEST

- Graded Exercise

Date/Time: _____

HOLTER MONITOR

- 24-Hour Monitor
- 48-Hour Monitor
- 72-Hour Monitor
- 14-Day Monitor

Date/Time: _____

12-LEAD ECG

No appointment necessary
Time: 8:00 a.m. – 4:00 p.m.
Monday – Friday

GEORGETOWN Hospital
1 Princess Anne Dr., L7G 2B8
Phone: 905-873-0111 ext 8569
Fax: 905-873-4595

ECHOCARDIOGRAPHY (Phone: 905-873-0111 ext 8523)

- 2D ECHO and Colour Flow Doppler

Date / Time: _____

EXERCISE STRESS TEST

- Graded Exercise

Date/Time: _____

HOLTER MONITOR

- 24-Hour Monitor
- 48-Hour Monitor
- 72-Hour Monitor
- 14-Day Monitor

Date/Time: _____

12-LEAD ECG

First **MUST** register with Admitting/Registration

Time: 8:00 a.m. – 4:00 p.m.
Monday – Friday

Clinical Information

- | | |
|---|---|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Acute Stroke/TIA |
| <input type="checkbox"/> Post CABG or PTCA | <input type="checkbox"/> Dizziness/Syncope |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Post MI |
| <input type="checkbox"/> Pulmonary Rehabilitation | <input type="checkbox"/> Dyspnea |
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> R/O Structural Heart Disease |

NOTE: Please inform the patient which medicine is to be held prior to the test and for how long

Date Received in Department: _____

Requested by: Signature: _____

Requested by: Print Name: _____



Test Preparation

More detailed brochures are available from your doctor or call the hospital where you are booked for the test
OAKVILLE Hospital 905-338-4686 MILTON Hospital 905-876-7012 GEORGETOWN Hospital 905-873-0111 ext 8569

Please check front page to see what test has been ordered
Follow the instructions according to the test ordered

1. Echocardiography

◆ 2D Echo and Colourflow Doppler

- No preparation
- Children between the ages of 1-3 years may require sedation

◆ Transesophageal Echo

- Nothing to eat or drink from 10:00 p.m. the night before the test. An Echo technician will phone and confirm this with you
- Make arrangements for someone to drive you home after the test, as sedation will be given
- Bring a list of your current medications

2. Exercise Stress

- Bring your current medications
- No alcohol for 24 hours prior to the test
- No caffeine the day of the test
- Nothing to eat 2 hours prior to the test
- Wear comfortable exercise clothes. Top should be loose and short-sleeved. Please wear running shoes or rubber-soled walking shoes. Bare feet and sandals are not allowed

3. Nuclear Cardiology

- Bring your current medications
- No alcohol or caffeine for 24 hours prior to the test (e.g. decaffeinated or herbal tea, coffee, chocolate, caffeinated cola)
- No food or drink 4 hours prior to the test. No fatty foods the day of the test
- Test is approximately 4 - 5 hours
- Please bring fruit, vegetables and/or juice with you as you will be allowed to have these half-way through the test
- If you are a diabetic and take insulin, discuss with the nurse in Cardiology what and when you should eat (905-338-4686)

4. Holter Monitor

- Bring your current medications
- No preparation required
- For Women: please wear pants or skirt with a separate top; try to avoid wearing dresses or other one-piece garment
- 14-Day Holter Monitor WILL require a few visits to the Cardiology Department

5. 12-Lead ECG

- No preparation required

