London Health Sciences Centre

## NON INVASIVE CARDIOLOGY REQUISITION FOR DIAGNOSTIC TEST

| ☐ UNIVERSITY HOSPITAL | ☐ VICTORIA HOSPITAL |
|---|---|
| 519-663-3250 | 519-685-8500 ext. 55840 |
| Fax: 519-663-3806 | Fax: 519-685-8084 |

☐ OP ☐ IP ☐ RESEARCH: CRIC # _____

☐ SELF PAY ☐ OUT OF PROVINCE/COUNTRY ☐ MILITARY

☐ WSIB Employer: _____

ORDERING PHYSICIAN (please print): _____

FAMILY PHYSICIAN: _____

APPOINTMENT DATE: _____ TIME: _____

**REQUEST ONLY ONE TEST PER REQUISITION**

| | | | |
|---|---|---|---|
| ☐ ELECTROCARDIOGRAM (ECG/EKG) | ☐ TREADMILL STRESS TEST | ☐ 24 HOUR HOLTER | ☐ ECHOCARDIOGRAM |
| ☐ SIGNAL AVERAGED ECG | ☐ BICYCLE STRESS TEST | ☐ 48 HOUR HOLTER | ☐ TEE (Transesophageal) |
| ☐ TELEMETRY | *Risk Category* | ☐ LOOP RECORDER | ☐ Saline (Bubble) Study |
| ☐ PACEMAKER ANALYSIS | ☐ High ☐ Medium ☐ Low | ☐ EVENT RECORDER | ☐ Contrast Study |
| | Protocol: _____ | | ☐ ECHO - Fetal |

**CLINICAL INFORMATION MUST BE PROVIDED OR TEST WILL BE DELAYED.**

**PRECAUTIONS:** ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

_____

_____

_____

_____

_____

_____ Physician's Signature: _____

| Lab Use Only (Echo Billing): | | | |
|---|---|---|---|
| ☐ Transthoracic Echocardiogram<br>☐ 2D ☐ M-Mode ☐ Doppler | ☐ Transesophageal Echocardiogram<br>☐ 2D ☐ M-Mode ☐ Doppler | ☐ Saline Study<br>☐ Contrast Study | Weight: _____<br>Height: _____ |

Date Completed: _____ Time: _____ Technician: _____ Interpreted by: _____

8460-0343 (Rev. 2013/10/31)


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☐ EVENT RECORDER

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