



Requisition Form

PATIENT INFORMATION

Patient Name: HCN:

Address: Date of birth: dd / mm / yyyy

City: Gender: Male Female

Postal code: Family Doctor:

Telephone:

DIAGNOSTIC TESTING

ELECTROPHYSIOLOGY TESTING

- 12 Lead ECG
- Signal Averaged ECG
- Holter monitoring
- 7 days 24 hours
- 14 days 48 hours
- 28 days 72 hours

GENERAL CARDIOLOGY TESTING

- 2D Echocardiogram
- Contrast Echocardiogram
- Stress Echocardiogram
- Exercise Stress Test
- Ambulatory Blood Pressure Monitor

NUCLEAR STRESS TESTING

- Exercise
- Pharmacological (Persantine)

Clinical Information

Please check if you want us to arrange consultation if abnormal

CLINICAL CONSULTATION

REQUESTED CONSULTANT*:

*Consultations available in other languages

- First Available Cardiologist
- Dr. Ravi Bajaj *Hindi
- Dr. Kareem Morant
- Dr. Yin Ge *Mandarin, French
- Dr. Michael Hammer
- Dr. Vincent Siu *Cantonese
- Dr. Sean Cai *Mandarin
- Dr. Flora Huang
- Dr. Spencer Lalonde

- Chest Pain/ Dyspnea /Palpitations /Syncope
- Arrhythmia
- Heart Failure
- Coronary Disease
- Valvular Disease
- Other

Clinical Information

REFERRAL PRIORITY:

- Urgent (<48h) Non-Urgent(<2 weeks) Routine (>2 weeks)

REFERRING PHYSICIAN INFORMATION

Referring Physician: Address:

MD Billing #: Phone:

Signature: Fax: