



## 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: