



**ARNPRIOR REGIONAL HEALTH
CARDIOLOGY & RESPIRATORY REQUISITION**

YOU MUST HAVE THIS REQUISITION and YOUR HEALTH CARD

PRECAUTIONS REQUIRED?	
<input type="checkbox"/> Airborne (N-95 Required)	<input type="checkbox"/> Contact
<input type="checkbox"/> Droplet	<input type="checkbox"/>

Patient Name:	UPI:	Appointment date:
DOB:		
HC#:		
Please arrive 15 minutes prior to your booked time.		Time:
		Booked by:

<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> ER
<input type="checkbox"/> WC	<input type="checkbox"/> STR	<input type="checkbox"/> PORTABLE

Inpatient Mobility: Wheelchair Stretcher
 Can patient stand without assistance? Yes No
 Can patient be left unattended? Yes No
Test will not be completed if left blank.

Please call Outpatient Scheduling for an appointment at
 613-623-7720 or Ext. 266
 Fax 613-623-3354

CARDIAC STRESS TEST & CONSULT

CARDIAC STRESS TEST

ECHOCARDIOGRAPHY Performed on patients over 16 years.
 Specify reason for examination print clearly

PRIORITY
 Routine [] Semi Urgent (Within 6 days) []
 Urgent (Within 3 days) [] Emergent (Today / Tomorrow) []

STAT Report Required? [] No [] Yes

Previous exam Available: [] No [] Yes

CLINICAL INFORMATION:

Relevant Prior Exams?
Where?

RELEVANT HISTORY:
 (Be specific, print clearly)

Please call Cardiology for an appointment at 613-623-7962 Ext. 274
 Hours Monday-Friday 9:00-12:00 and 1:00- 3:00 Fax 613-623-6079

HOLTER MONITOR 2 DAY
 7 DAY 14 DAY

ELECTROCARDIOGRAMS (ECG)

BLOOD PRESSURE MONITOR (Fee not covered by OHIP)

SIMPLE SPIROMETRY

SPIROMETRY PRE & POST BRONCHODILATOR

MEDICATIONS:

Office Use Only

Verified 2 patient ID's by: [] DOB or [] Armband or [] Name or [] Other
 Staff Member:

Ordering Physician (print):	
Copy of report to (print):	
Physician Signature	Date / Time
Tel. No.	

UNSIGNED &/OR INCOMPLETE REQUISITIONS WILL BE RETURNED

Bring this requisition, and follow the instructions exactly to avoid re-scheduling your appointment.

REGISTRATION AT ENTRANCE “B” in the front of the building

Hours – 8:30 am to 12:00 pm Mondays and Wednesdays
Tel: 613-623-7720

PROCEDURE:

Cardiac Stress tests

- ◆ Your appointment will be confirmed by Outpatient Scheduling.
- ◆ Bring your health card.
- ◆ Bring a list of medications.
- ◆ Have a light breakfast.
- ◆ Bring a bottle of water
- ◆ Wear comfortable clothing with comfortable walking shoes.

Hours - 8:00 am to 3:30 pm

PROCEDURE:

Echocardiography

No preparation is required.

Arrive 15 minutes early to allow for registration and bring your Health card.