PREMIER DIAGNOSTIC NETWORK

PDXN

Tel: 888-988-7396 | www.pdxn.ca

CARDIAC CLINICS

Tel: 416-289-3212

Fax Requisition Form To: 416-289-0815

BELLESMERE CARDIAC CLINIC	BRIMLEY CARDIAC CLINIC	MARKHAM STEELES CARDIAC CLINIC
1920 Ellesmere Road	2020 Brimley Road	5995 Steeles Ave. East

Patient Last Name	First Name	Date of Birth	☐ M ☐ F
Address	Town/City	Postal Code	
OHIP No. ( )	Telephone	☐ Verbal Report	☐ STAT

Clinical Information	LABEL
Referring Physician	
Signature / Billing #	
C.C. Dr. / Fax	

CONSULTATION AND APPROPRIATE TESTING

- ☐ Consultation
- ☐ Consultation (if test result is abnormal)
- ☐ 2D Echocardiogram
- ☐ Stress Test
- ☐ Stress Echocardiography
- ☐ NUCLEAR CARDIOLOGY
  - MYOCARDIAL PERFUSION (CARDIOLITE/SESTAMIBI) ☐ Exercise ☐ Persantine
- ☐ Ambulatory Blood Pressure Monitor ($50)
- ☐ 12 Lead ECG
- ☐ Digital Holter Monitoring ☐ 48 Hours ☐ 72 Hours
- ☐ Continuous ECG / LOOP Cardiac Monitoring (14 days)

PHYSICIAN'S NOTE: PLEASE INFORM THE PATIENT REGARDING THE DISCONTINUATION OF BETA BLOCKERS, CALCIUM BLOCKERS, AND ERECTILE DYSFUNCTION MEDICATIONS 48 HOURS PRIOR TO TEST

INDICATIONS FOR CARDIOLOGY TESTING

- ☐ Chest Pain or Discomfort / Angina
- ☐ Shortness of Breath / Fatigue
- ☐ Murmur / Valvular Heart Disease / Extra Heart Sounds
- ☐ Palpitations / Arrhythmia / Bradycardia
- ☐ Dizziness / Syncope / Presyncope
- ☐ Stroke / TIA
- ☐ Peripheral Vascular Disease
- ☐ Congenital Heart Disease
- ☐ Pulmonary HTN
- ☐ Congestive Heart Failure
- ☐ Ejection Fraction / LV Function
- ☐ Wheezing
- ☐ Crepitus
- ☐ Edema
- ☐ Pace Maker / AICD
- ☐ Abnormal ECG
- ☐ Abnormal CXR
- ☐ Other ____________

MODERATE TO HIGH RISK

- ☐ Age
- ☐ Family History
- ☐ Ethnicity
- ☐ Diabetes Mellitus
- ☐ Hypertension
- ☐ Smoking History
- ☐ Obesity
- ☐ Sedentery Lifestyle
- ☐ High Stress
- ☐ Dyslipidemia
- ☐ Poor Diet
- ☐ Metabolic Syndrome

* Please bring with you this requisition form, your health card and your list of medications. Thank you for your coopertion.

FOR PATIENT INSTRUCTIONS VISIT OUR WEBSITE