

**NON INVASIVE CARDIOLOGY**  
*(Requisition for Diagnostic Test)*

**University Hospital**  
(519) 663-3250 Fax (5149) 663-3806

**Victoria Hospital**  
(519) 667-6745 Fax (519) 685-8084

OP  IP  Research: CRIC # \_\_\_\_\_

Self Pay  Out of Province/Country  Military  
 WSIB Employer: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

***(REQUEST ONLY ONE TEST PER REQUISITION)***

<input type="checkbox"/> <b>Electrocardiogram (ECG/EKG)</b>  <input type="checkbox"/> <b>Signal Averaged ECG</b>  <input type="checkbox"/> <b>Telemetry</b>  <input type="checkbox"/> <b>Pacemaker Analysis</b>	<input type="checkbox"/> <b>Treadmill Stress Test</b>  <input type="checkbox"/> <b>Bicycle Stress Test</b>  Risk Category: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low  Protocol: _____	<input type="checkbox"/> <b>24hr Holter</b>  <input type="checkbox"/> <b>48hr Holter</b>  <input type="checkbox"/> <b>Loop Recorder (KOH)</b>  <input type="checkbox"/> <b>Event Recorder (Cardiomemo)</b>	<input type="checkbox"/> <b>Echocardiogram</b>  <input type="checkbox"/> <b>TEE (Transesophageal)</b>  <input type="checkbox"/> <b>Saline (Bubble) Study</b>  <input type="checkbox"/> <b>Contrast Study</b>
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***CLINICAL INFORMATION MUST BE PROVIDED OR TEST WILL BE DELAYED***

Lab Use Only (*Echo Billing*)

**Physician Signature:**

<input type="checkbox"/> <b>Transthoracic Echocardiogram</b>	<input type="checkbox"/> <b>Transesophageal Echocardiogram</b>	<input type="checkbox"/> <b>Saline Study</b>	<input type="checkbox"/> <b>Contrast Study</b>
<input type="checkbox"/> 2D <input type="checkbox"/> M-Mode <input type="checkbox"/> Doppler	<input type="checkbox"/> 2D <input type="checkbox"/> M-Mode <input type="checkbox"/> Doppler		

<b>Date Completed:</b> _____	<b>Time:</b> _____	<b>Tech:</b> _____	<b>Interpreted by:</b> _____
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