London Health Sciences Centre

NON INVASIVE CARDIOLOGY
REQUISITION FOR DIAGNOSTIC TEST

☐ UNIVERSITY HOSPITAL	☐ VICTORIA HOSPITAL
519-663-3250	519-685-8500 ext. 55840
Fax: 519-663-3806	Fax: 519-685-8084

☐ OP ☐ IP ☐ RESEARCH: CRIC # _____

☐ SELF PAY ☐ OUT OF PROVINCE/COUNTRY ☐ MILITARY

☐ WSIB Employer: _____

ORDERING PHYSICIAN (please print): _____

FAMILY PHYSICIAN: _____

APPOINTMENT DATE: _____ TIME: _____

UH ONLY		
☐ DOBUTAMINE STRESS ECHO (DSE)	☐ 3 DAY HOLTER MONITOR	☐ ECHOCARDIOGRAM
☐ BICYCLE STRESS ECHO	☐ 14+ DAY HOLTER MONITOR	☐ TRANSESOPHAGEAL (TEE) (UH ONLY)
☐ TREADMILL STRESS ECHO	☐ ELECTROCARDIOGRAM (ECG)	☐ Saline (Bubble) Study
☐ TREADMILL STRESS TEST	☐ SIGNAL AVERAGED ECG (UH ONLY)	☐ Contrast Study
		☐ ECHO - Fetal (VH ONLY)

TEE/Stress Echo: Include all clinical notes and most recent echo report or test will be delayed.

PRINT CLEARLY OR TYPE REASON FOR REFERRAL:

Weight: _____

Height: _____

Physician's Signature: _____

Date Completed: _____ Time: _____ Technician: _____ Interpreted by: _____