Michael Garron Hospital
A Proud Member of TORONTO EAST HEALTH NETWORK
Formerly the Toronto East General Hospital

CARDIAC NON-INVASIVE LAB REQUISITION

825 COXWELL AVENUE, TORONTO, ON M4C 3E7
TEL: (416) 469-6031 / FAX: (416) 469-6458 Email: cardio.test@tehn.ca
Web: tehn.ca/cardiology

○ **STAT** ○ **VERBAL**

INFORMATION

PATIENT'S LAST NAME: | FIRST NAME: | DATE OF BIRTH: DAY / MONTH / YEAR | SEX: M F

ADDRESS: | APT#: | CITY: | POSTAL CODE: | **INTERPRETER?** ☐ Yes ☐ No | **DIABETIC?** ☐ Yes ☐ No | **PREGNANT?** ☐ Yes ☐ No

TELEPHONE NUMBER: | **HOSPITAL MRN:** | **HEALTH CARD NUMBER:** | VERSION CODE:

Child's Weight: (kg) | **Child's Height: (cm)** | ←Paeds <10 years old: Weight & height required | *FOR FETAL ECHO – Weeks Gest.: | Estimated Date of Delivery: | Multiples (Number of Fetuses):

ADULT ECHOCARDIOGRAPH

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☐ **Adult 2D Echo** ☐ **Contrast Echo** ☐ **Echo with Saline (bubble study)**

☐ **Stress Echo (Bicycle)** ☐ **Stress Contrast** ☐ **Transesophageal (TEE)**

Indication Codes for 2D Echo / Contrast / TEE:

- ☐ 1. Heart murmur
- ☐ 2. Native valvular stenosis
- ☐ 3. Native valvular regurgitation
- ☐ 4. Known/suspected mitral valve prolapse
- ☐ 5. Congenital heart disease
- ☐ 6. Prosthetic heart valve
- ☐ 7. Infective endocarditis
- ☐ 8. Pericardial disease
- ☐ 9. Cardiac mass
- ☐ 10. Pulmonary disease
- ☐ 11. Chest pain/CAD
- ☐ 12. Dyspnea/CHF/Edema
- ☐ 13. Hypertension
- ☐ 14. Thoracic aortic disease
- ☐ 15. Neurologic/embolic events
- ☐ 16. Arrhythmias/syncope/palpitations
- ☐ 17. Pre-cardioversion
- ☐ 18. Suspected structural heart disease
- ☐ 19. ECG abnormality
- ☐ 20. Other (specify)

Indication Codes for Stress Echo:

- ☐ A. Chest pain or ischemic equivalent syndrome
- ☐ B. ACS with non-diagnostic ECG changes with borderline significant
- ☐ C. CHF
- ☐ D. LV systolic dysfunction of unclear etiology
- ☐ E. Ventricular arrhythmias
- ☐ F. Syncope of unclear etiology
- ☐ G. Borderline or high troponin levels in a setting other than ACS
- ☐ H. Initial or re-evaluation of significant cerebrovascular or peripheral atherosclerosis
- ☐ I. Equivocal or non-diagnostic results from other stress modalities
- ☐ J. Initial or re-evaluation of patients at risk for intermediate or high global CAD risk
- ☐ K. New or worsening chest pain or ischemic equivalent
- ☐ L. Post MI or ACS for risk stratification
- ☐ M. Viability in patients with known LV dysfunction post revascularization
- ☐ N. Re-evaluation of stable patients with CAD (previous angiography, CTA/EBCT,MI,ACS or abnormal stress imaging)
- ☐ O. Moderate or severe AS, MS, MR, aortic regurgitation or cardiomyopathy
- ☐ P. Pulmonary hypertension
- ☐ Q. Other (specify)

FETAL / PAEDS ECHOCARDIOGRAPH

FETAL / PAEDIATRIC ECHO.

(Provide weight and height if less than 10 years old)

☐ **Paediatric Echo Only**

☐ **Paediatric Echo & Consultation**

☐ **Fetal Echo***

Indication Codes for Paediatric Echo:

- ☐ 1. Heart murmur
- ☐ 2. Congenital heart disease
- ☐ 3. Chest pain
- ☐ 4. Hypertension
- ☐ 5. Arrhythmias/ syncope/palpitations
- ☐ 6. ECG abnormality
- ☐ 7. Post VSD repair
- ☐ 8. Post ASD device /repair
- ☐ 9. Post PDA device /ligation
- 10. Post tetralogy of fallot repair
- ☐ 11. Post TGA Switch
- 12. Abnormal fetal echo follow-up
- ☐ 13. Kawasaki's disease
- ☐ 14. Other (specify)

Indication Codes for Fetal Echo:

- ☐ A. Abnormal prenatal screen
- ☐ B. Abnormal nuchal thickness _____mm
- ☐ C. Suspected congenital HD on anatomy scan
- ☐ D. Chromosomal abnormalities
- ☐ E. Maternal diabetes
- ☐ F. Maternal meds.
- ☐ G. Family history of congenital HD
- ☐ H. Twins/multiples
- ☐ I. Other (specify)

STRESS

EXERCISE STRESS TEST & CONSULT

☐ **First Available Cardiologist** **or**

☐ **Dr.** _____

HOLTER MONITOR

HOLTER MONITOR

☐ **24 Hour**

☐ **48 Hour** ☐ **72 Hour**

NUCLEAR MEDICINE

NUCLEAR MEDICINE

☐ **Persantine Cardiolite**

☐ **Exercise Cardiolite**

CLINICAL

REFERRAL

Referred By: _____ M.D.

Signature: _____

Copy To: _____

Billing Number:

APPOINTMENT DATE: **APPOINTMENT TIME:** A.M. / P.M.

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