



200 Fletcher Crescent, Alliston, Ontario L9R 1W7

TO BOOK AN APPOINTMENT:
Phone: 705-435-6281 ext. 2346
Fax: 705-434-5219

INPATIENT FAX: 5219

CARDIOVASCULAR TESTING REQUISITION

Name: PRINT CLEARLY OR USE PATIENT LABEL Health Card #:
Address:
Phone #: DOB: (DD/MM/YY)

CARDIOLOGY DIAGNOSTICS

Echocardiogram - greater than 16 yrs Insured meets OHIP eligibility criteria
Appt Date / Time
Echocardiogram with agitated saline - Adult (Bubble Study)
Contrast Echocardiogram - Adult (at discretion of cardiologist)
Wall motion analysis
Assessment for apical thrombus
Exercise Graded ECG stress greater than 18 years
Appt Date / Time
24 HR blood pressure monitor - \$50
Appt Date / Time
24-HOUR HOLTER 14 DAY HOLTER
48-HOUR HOLTER 72-HOUR HOLTER
Appt Date / Time
Cardiology Consultation greater than 18 years

CLINICAL INFORMATION / TEST INDICATION:

Empty box for clinical information / test indication

Ordering Physician: Signature:
Fax: Phone:
Billing #: Date:
CC:
Phone: Fax:

