


CARDIOPULMONARY SERVICES

CARD/PULM.

	MD Name:	Patient Name:
	Signature:	DOB:
	MD Phone:	HCN:
	Date: (d/m/y)	Home Phone:
FAX ALL REQUISITIONS TO: <u>613-969-5561</u>	Copies to:	Cell Phone
	WSIB #:	Address:

A BOOKING WILL NOT BE MADE UNLESS THIS REQUISITION IS COMPLETED IN FULL

CLINICAL INDICATION:**Please select all required Procedures****Select Preferred location**HOLTER MONITORINGExam Available at:

<input type="checkbox"/> 24 Hour Holter	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH	<input type="checkbox"/> PEC	<input type="checkbox"/> NHH
<input type="checkbox"/> 48 Hour Holter	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH	<input type="checkbox"/> PEC	<input type="checkbox"/> NHH
<input type="checkbox"/> 3 Day Holter	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH	<input type="checkbox"/>	
<input type="checkbox"/> 7 Day Holter	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH		

CARDIAC STRESS TESTINGExam Available at:

<input type="checkbox"/> Treadmill Stress Test	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH
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Electrocardiogram (ECG)Exam Available at:

<input type="checkbox"/> ECG (no appointment needed 9am-2pm)	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH
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ECHOCARDIOGRAMExam Available at:

<input type="checkbox"/> Echo with Doppler	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH	<input type="checkbox"/> PEC
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PULMONARY FUNCTIONExam Available at:

<input type="checkbox"/> Full PFT- pre/post bronchodilator, Lung Volume, DLCO and RAW (Ages 12 and older)	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH
<input type="checkbox"/> Spirometry Only- pre/post bronchodilator (Age < 12 years)	<input type="checkbox"/> BGH	<input type="checkbox"/> TMH
<input type="checkbox"/> Methacholine Challenge Test	<input type="checkbox"/> BGH Only	

*Must have PFT results within last 12-18 months completed at Quinte Health

*Ages >8 with acceptable spirometry

OXYGEN ASSESSMENTExam Available at:

<input type="checkbox"/> Independent Exercise Oximetry (IEA)	<input type="checkbox"/> BGH Only
<input type="checkbox"/> Arterial Blood Gas (ABG)	<input type="checkbox"/> BGH <input type="checkbox"/> TMH
<input type="checkbox"/> 6 minute Walk Test	<input type="checkbox"/> BGH Only

DEPARTMENT USE ONLY

Appointment Date & Time: _____

PLEASE ENSURE REQUISITION IS COMPLETE. FAX REQUISITION TO 613-969-5561