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 Orléans: 1887 St Joseph Blvd
 Phone: (343) 882-9100
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 info@ottawacardiology.ca



Ottawa Cardiology Centre

Request For Cardiac Examination

Patient Information						
Full Name:						
Address:	City:			Postal Code:		
Pharmacy:	Phone:			Fax:		
Primary Phone #:				Alt. Phone #		
Date Of Birth:	mm/dd/yy:	Age:	Gender:	Height:	Weight:	
Health Card #:				Family Physician:		
Clinical Indication						
Clinical History:						
<input type="radio"/> Chest Pain	<input type="radio"/> SOB	<input type="radio"/> Palpitations	<input type="radio"/> Syncope	<input type="radio"/> Murmur	<input type="radio"/> CVA/TIA	
<input type="radio"/> CAD	<input type="radio"/> CHF	<input type="radio"/> Arrhythmias	<input type="radio"/> LL swelling	<input type="radio"/> Others:		
Examination(s) Requested						
<input type="radio"/> Echocardiogram (regular comprehensive TTE)						
<input type="radio"/> Contrast						
<input type="radio"/> Bubble study						
<input type="radio"/> Pediatric Echocardiogram (8 years and older)						
<input type="radio"/> Exercise Stress Echocardiogram (SE)						
<input type="radio"/> Ischemic Heart Disease Protocol						
<input type="radio"/> Diastolic Dysfunction Protocol						
<input type="radio"/> Cardiomyopathies Protocol						
<input type="radio"/> Native Valve Disease Protocol						
<input type="radio"/> Exercise Stress ECG + LV wall motion Echo assessment before & immediately after Exercise (Stress Echocardiogram)						
<input type="radio"/> Exercise Stress ECG only (GXT)						
<input type="radio"/> Rest 12-Lead ECG						
<input type="radio"/> Holter Monitoring: <input type="radio"/> 72 hrs <input type="radio"/> 7 days <input type="radio"/> 14 days						
<input type="radio"/> 24 Hour Ambulatory Blood Pressure Monitoring (not covered by OHIP, \$80 CASH ONLY)						
<input type="radio"/> Cardiology Consultation						
<input type="radio"/> Urgent						
Referring Physician Information						
Referring Physician:			Tel:			
Physician's Signature:			Fax:			
			Copy to:			
Billing Provider #:			Notes:			
Date: mm/dd/yy:						