

CARDIOPULMONARY SERVICES

CARD/PULM.



MD Name:	Patient Name:
Signature:	DOB:
MD Phone:	HCN:
Date: (d/m/y)	Home Phone:
Copies to:	Cell Phone
WSIB #:	Address:

FAX ALL REQUISITIONS TO:
613-969-5561

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

CLINICAL INDICATION:

Please select all required Procedures

Select Preferred location

<u>HOLTER MONITORING</u>	<u>Exam Available at:</u>			
24 Hour Holter	BGH	TMH	PEC	NHH
48 Hour Holter	BGH	TMH	PEC	NHH
3 Day Holter	BGH	TMH		
7 Day Holter	BGH	TMH		

<u>CARDIAC STRESS TESTING</u>	<u>Exam Available at:</u>	
Treadmill Stress Test	BGH	TMH

<u>Electrocardiogram (ECG)</u>	<u>Exam Available at:</u>	
ECG (no appointment needed 9am-2pm)	BGH	TMH

<u>ECHOCARDIOGRAM</u>	<u>Exam Available at:</u>		
Echo with Doppler	BGH	TMH	PEC

<u>PULMONARY FUNCTION</u>	<u>Exam Available at:</u>	
Full PFT- pre/post bronchodilator, Lung Volume, DLCO and RAW (Ages 12 and older)	BGH	TMH
Spirometry Only- pre/post bronchodilator (Age < 12 years)	BGH	TMH
Methacholine Challenge Test	BGH Only	
*Must have PFT results within last 12-18 months completed at Quinte Health		
*Ages >8 with acceptable spirometry		

<u>OXYGEN ASSESSMENT</u>	<u>Exam Available at:</u>	
Independent Exercise Oximetry (IEA)	BGH Only	
Arterial Blood Gas (ABG)	BGH	TMH
6 minute Walk Test	BGH Only	

DEPARTMENT USE ONLY

Appointment Date & Time: _____

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