

Echocardiography Requisition

Phone: 519-621-2330 x 1110

Fax: 519-740-4930

Monday-Friday 7:30 am - 3:30 pm CMH is a SCENT FREE Hospital

Surname	First	
Address		
Postal Code	Phone	
Date of Birth	Unit # or HealthCard #	
	Height	

Weight

Clinical Diagnosis/Reason for Test

Please note: Cambridge Memorial Hospital Cardiorespiratory Department does not perform Stress Echocardiography, Carotid Doppler or Transesophageal Echocardiography

Indications for Echocardiography

Echocardiography testing will be performed only when one or more of the following indications apply to the patient.

Please select all that apply (CCN Standards, April 2015)

Arrh	nythmias	CVA/TIA Embolic Events	Prosthetic Heart Valve
(CA	D) Coronary Artery Disease	Hypertension	Pulmonary Disease
Car	diac Mass	Infective Endocarditis	Structural Heart Disease
Car	diomyopathy	Mitral Valve Prolapse	Syncope
Che	emotherapy	MI/NSTEMI	Thoracic Aortic Disease
Cor	ngenital or Inherited Structural	Murmur	Valvular Regurgitation
Hea	art Disease	Palpitations	Valvular Stenosis
Che	est Pain	Pericardial Disease	
Dys	pnea	Pre-Cardioversion	
Edema/CHF	ema/CHF	Pre/Post Op Assessment	

Additional Clinical Information

Ordering Physician	Interpreting Physician	Copies to	Date Ordered		
Appointment Date:Time:					

Instructions

The CardioRespiratory Unit is located on Level 0. It is on your right when you exit the public elevators. If you need to change your appointment give at least 24 hours' notice. The number to call is (519) 621-2333 Ext. 1110.

Bring all your medications (or a list) with you, including any over the counter medications.

For all tests arrive in the department at least 15 minutes early to register.

Inform the receptionist / technician / therapist of any allergies you have.

If you are under the age of 16, we recommend that you have a parent or responsible adult in attendance.

Inform staff if you are pregnant or suspect you may be.

Time for echocardiogram: 60 minutes

Wear a 2 piece outfit

7-3402-121 CRU C42 CC R 01 2016 Rev 02 OD