



MedCare Diagnostics @ Niagara Square

7555 Montrose Road - Unit E2, Niagara Falls - Ontario, L2H 2E9

Tel: (289) 292-0452

Email: niagara@medcarediagnostics.ca

Fax: (289) 292-0453

Web: www.medcarediagnostics.ca

**PLEASE FAX
COMPLETED FORM TO
289-292-0453**

MEDCARE DIAGNOSTICS WILL CONTACT
PATIENT TO SCHEDULE APPOINTMENT

REQUEST FOR CARDIAC DIAGNOSTICS & CONSULTATION

PATIENT INFORMATION

First Name _____
Last Name _____
Home Phone _____
Cell Phone _____
OHIP # _____ Expiry _____
Version Code _____
Gender _____
Date of Birth _____

PHYSICIAN INFORMATION

Name _____
Provider Billing # _____
Phone _____
Fax _____
Address _____
Send Copy To _____

EXAMINATION REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> 24-Hour Ambulatory Blood Pressure Monitoring
<small>(\$60 Charge, Not Covered by OHIP)</small> | <input type="checkbox"/> Holter Monitoring | <input type="checkbox"/> Internal Medicine Consultation |
| <input type="checkbox"/> Adult Echocardiogram | <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour | <input type="checkbox"/> First Available Consultant |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Spirometry | <input type="checkbox"/> Dr. Howard Miller |
| <input type="checkbox"/> ECG | <input type="checkbox"/> Nuclear Cardiology | <input type="checkbox"/> Dr. Muhammad Khawar |
| <input type="checkbox"/> Exercise Stress Test (Treadmill) | <input type="checkbox"/> Treadmill Stress Echo/Consult | <input type="checkbox"/> Dr. Anderson Lai |

*A patient with a positive stress test will be booked for an immediate consult with one of our medical providers.

☐ Cardiology Consultation

REASON FOR TESTING

- | | | |
|--|---|---|
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Post MI / Intervention |
| <input type="checkbox"/> Atrial Arrhythmias (A. Fib / A. Flutter) | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pre/Post Op |
| <input type="checkbox"/> Ventricular Arrhythmia | <input type="checkbox"/> Known or suspected MVP with MR | <input type="checkbox"/> Prosthetic Heart Valve |
| <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Native Valvular Regurgitation | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Native Valvular Stenosis | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Chronic Heart Failure (Diastolic, Systolic) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Dyspnea / SOB |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Dizziness / Lightheaded | <input type="checkbox"/> Pericardial Disease / Effusion | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Post CVA / TIA | <input type="checkbox"/> A-Fib Rate Control |
| <input type="checkbox"/> Weakness / Fatigue | <input type="checkbox"/> LV Function | <input type="checkbox"/> Post - PCI |
| <input type="checkbox"/> Other/Clinical History: _____ | | |

CARDIOVASCULAR RISK REDUCTION PROGRAM

RISK FACTORS: (Check ALL Appropriate Boxes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Obesity | <input type="checkbox"/> Poor Diet |
| <input type="checkbox"/> Family History | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Sedentary Lifestyle |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Hypertension | <input type="checkbox"/> High Stress |
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Metabolic Syndrome |

☐ URGENT/STAT

Physician Signature



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PATIENT PREPARATION AND INSTRUCTIONS

1. A valid OHIP card must be shown at every visit along with this requisition form
2. Bring current medication list
3. Please refrain from wearing any fragrances; we are a scent free environment
4. 24-hours notice is required for any appointment changes/cancellations
5. Please arrive 15-minutes before your appointment to register
6. Free parking is available

AMBULATORY BLOOD PRESSURE & HOLTER MONITORING

1. No body lotions 24-hours prior to test
2. Bathe before appointment; no bathing or swimming while wearing monitor
3. Wear loose fitting and comfortable clothing

EXERCISE STRESS TEST & STRESS ECHOCARDIOGRAM

1. No food, drink or smoking 2-hours prior to test
2. Wear loose fitting and comfortable clothing with walking/running shoes
3. Bring your inhaler/puffer if you have exercise induced asthma
4. If safe and advised by your physician, stop the follow medication(s) prior to test: Beta Blockers (48-hours), Nitrates (24-hours)
Calcium Channel Blockers (24-hours), Erectile Dysfunction medication (72-hours)

Do NOT stop medication on your own

NUCLEAR CARDIOLOGY

1. No caffeine 24-hours prior to test (coffee, tea, chocolate, pop and decaffeinated beverages)
2. No food, drink or smoking 4-hours prior to test
3. Wear loose fitting and comfortable clothing with walking/running shoes
4. If safe and advised by your physician, stop the follow medication(s) prior to test: Beta Blockers (48-hours), Nitrates (24-hours)
Calcium Channel Blockers (24-hours), Erectile Dysfunction medication (72-hours)

Do NOT stop medication on your own

SPIROMETRY

1. If safe and advised by your physician, stop any inhalers/puffers 24-hours prior to test

Do NOT stop any medication on your own

