

Echocardiogram Requisition



CAMPBELLFORD
MEMORIAL HOSPITAL

Fax requisition to the Booking Department 705-653-3601

Testing	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
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Patient Demographics/Label		Date:	
Last Name:		Medications	
First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Is patient on CCB or BB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Medications:	
City:	Postal Code:		
Phone Number:		MD INFO	
DOB:	Referring MD:	Billing #:	
HCN:	Phone #:	Fax #:	
		Signature:	
Height: _____ in/cm		CC:	
Weight: _____ lb/kg		GP:	

****MANDATORY****

History:	<hr/> <hr/> <hr/> <hr/>
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PATIENT HISTORY/TEST INDICATION: Please indicate if any of the following exist. ****MANDATORY****

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| <input type="checkbox"/> LBBB
<input type="checkbox"/> Afib
<input type="checkbox"/> CAD/MI
<input type="checkbox"/> PTCA/CABG
<input type="checkbox"/> Palpitations
<input type="checkbox"/> TIA/CVA
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Moderate/Severe Asthma
<input type="checkbox"/> Hypertrophic Cardiomyopathy
<input type="checkbox"/> Murmur (NYD)
<input type="checkbox"/> > 10% on Framingham Risk Score | <input type="checkbox"/> Chest Pain
<input type="checkbox"/> Pericardial Effusion
<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Mitral Regurgitation
<input type="checkbox"/> Mitral Stenosis
<input type="checkbox"/> Aortic Regurgitation
<input type="checkbox"/> Aortic Stenosis
<input type="checkbox"/> Tricuspid Regurgitation
<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Single Chamber
<input type="checkbox"/> Dual Chamber
<input type="checkbox"/> ICD | <input type="checkbox"/> Valve Disease
<input type="checkbox"/> Congenital Heart Disease
<input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Valve Replacement:
<div style="margin-left: 20px;"> <input type="checkbox"/> Mechanical
 <input type="checkbox"/> Tissue
 <input type="checkbox"/> Aortic Valve
 <input type="checkbox"/> Mitral Valve </div> |
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**Appointments will not be booked until a completed requisition is received. Incomplete requisitions will be returned.*