

Diagnostic Imaging Requisition
Booking Office

Phone: 519-941-2410 Ext. 2211

Fax: 519-941-7726

Today's Date: _____

 Follow up in Emergency: Yes No

Patient _____

DOB _____

Address _____

Phone # _____

Health Card# _____

Without this SIGNED requisition your exam CANNOT be performed.

Please bring your Ontario Health Card.

Please arrive 15 minutes early prior to exam time. Late patients may be required to reschedule exam.

Incomplete requests will be returned, resulting in a delay of booking.

Echocardiography (Appointment Required)

Indication (Select at least one)

<input type="checkbox"/> Heart Murmurs	<input type="checkbox"/> Pulmonary Diseases
<input type="checkbox"/> Native Valvular Stenosis	<input type="checkbox"/> Chest Pain and Coronary Artery Disease
<input type="checkbox"/> Native Valvular Regurgitation	<input type="checkbox"/> Dyspnea, Edema and Cardiomyopathy
<input type="checkbox"/> Known or Suspected Mitral Valve Prolapse	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Interventional Procedures	<input type="checkbox"/> Thoracic Aortic Disease
<input type="checkbox"/> Prosthetic Heart Valves	<input type="checkbox"/> Neurologic or other Possible Embolic Events
<input type="checkbox"/> Infective Endocarditis	<input type="checkbox"/> Arrhythmias Syncope and Palpitations
<input type="checkbox"/> Pericardial Disease	<input type="checkbox"/> Before Cardioversion
<input type="checkbox"/> Cardiac Masses	<input type="checkbox"/> Suspected Structural Heart Disease
<input type="checkbox"/> Congenital or inherited Cardiac Structural Disease (Including Bicuspid Aortic Valve, Marfan's Syndrome, Atrial Septal Defect, Ventricular Septal Defect, Ehler's Danlos Syndrome)	<input type="checkbox"/> Others:

Clinical Information (Required):

 Ordering Physician _____
(Print)
(Signature)

Office Phone # _____ Date _____

C.C. _____

 Verbal Fax _____

"We do our best to keep on time, but urgent and emergency patients take priority."

Children whose parents are having an examination WILL NOT be allowed into the exam room.

Please make the necessary babysitting arrangements.

For more information, please visit us online at www.headwatershealth.ca