

## 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#

Email Address

Ordering M.D.

Telephone #

**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](http://www.headwatershealth.ca)**