Michael Garron Hospital
A Proud Member of TORONTO EAST HEALTH NETWORK
Formerly the Toronto East General Hospital

CARDIAC NON-INVASIVE LAB REQUISITION

DRAFT

825 COXWELL AVENUE, TORONTO, ON M4C 3E7
TEL: (416) 469-6031 / FAX: (416) 469-6458

○ **STAT** ○ **VERBAL**

INFORMATION

PATIENT'S LAST NAME: | FIRST NAME: | DATE OF BIRTH: (DAY / MONTH / YEAR) | SEX: M F

ADDRESS: | APT#: | CITY: | POSTAL CODE: | **INTERPRETER?** ☐ Yes ☐ No | **DIABETIC?** ☐ Yes ☐ No | **PREGNANT?** ☐ Yes ☐ No

TELEPHONE NUMBER: | **HOSPITAL MRN:** | **HEALTH CARD NUMBER:** | VERSION CODE:

Child's Weight: (kg) | **Child's Height: (cm)** | ←Paeds <10 years old: Weight & height required | ***FOR FETAL ECHO** – Weeks Gest.: | Estimated Date of Delivery: | Multiples (Number of Fetuses):

ADULT ECHOCARDIOGRAPH

ADULT ECHOCARDIOGRAPH

○ **Adult 2D Echo** ○ **Contrast** ○ **Stress Contrast**

○ **Stress Echo (Bicycle)** ○ **Transesophageal Echocardiogram (TEE)**

Indication Codes for 2D Echo / Contrast / TEE:

- ☐ 1. Heart murmur
- ☐ 2. Native valvular stenosis
- ☐ 3. Native valvular regurgitation
- ☐ 4. Known/suspected mitral valve prolapse
- ☐ 5. Congenital heart disease
- ☐ 6. Prosthetic heart valve
- ☐ 7. Infective endocarditis
- ☐ 8. Pericardial disease
- ☐ 9. Cardiac mass
- ☐ 10. Pulmonary disease
- ☐ 11. Chest pain/CAD
- ☐ 12. Dyspnea/CHF/Edema
- ☐ 13. Hypertension
- ☐ 14. Thoracic aortic disease
- ☐ 15. Neurologic/embolic events
- ☐ 16. Arrhythmias/syncope/palpitations
- ☐ 17. Pre-cardioversion
- ☐ 18. Suspected structural heart disease
- ☐ 19. ECG abnormality
- ☐ 20. Other (specify)

Indication Codes for Stress Echo:

- ☐ A. Chest pain or ischemic equivalent syndrome
- ☐ B. ACS with non-diagnostic ECG changes with borderline significant
- ☐ C. CHF
- ☐ D. LV systolic dysfunction of unclear etiology
- ☐ E. Ventricular arrhythmias
- ☐ F. Syncope of unclear etiology
- ☐ G. Borderline or high troponin levels in a setting other than ACS
- ☐ H. Initial or re-evaluation of significant cerebrovascular or peripheral atherosclerosis
- ☐ I. Equivocal or non-diagnostic results from other stress modalities
- ☐ J. Initial or re-evaluation of patients at risk for intermediate or high global CAD risk
- ☐ K. New or worsening chest pain or ischemic equivalent
- ☐ L. Post MI or ACS for risk stratification
- ☐ M. Viability in patients with known LV dysfunction post revascularization
- ☐ N. Re-evaluation of stable patients with CAD (previous angiography, CTA/EBCT,MI,ACS or abnormal stress imaging)
- ☐ O. Moderate or severe AS, MS, MR, aortic regurgitation or cardiomyopathy
- ☐ P. Pulmonary hypertension
- ☐ Q. Other (specify)

FETAL / PAEDS ECHOCARDIOGRAPH

FETAL / PAEDIATRIC ECHO.

(Provide weight and height if less than 10 years old)

○ **Paediatric Echo Only**

○ **Paediatric Echo & Consultation**

○ **Fetal Echo***

Indication Codes for Paediatric Echo:

- ☐ 1. Heart murmur
- ☐ 2. Congenital heart disease
- ☐ 3. Chest pain
- ☐ 4. Hypertension
- ☐ 5. Arrhythmias/ syncope/palpitations
- ☐ 6. ECG abnormality
- ☐ 7. Post VSD repair
- ☐ 8. Post ASD device /repair
- ☐ 9. Post PDA device /ligation
- ☐ 10. Post tetralogy of fallot repair
- ☐ 11. Post TGA Switch
- ☐ 12. Abnormal fetal echo follow-up
- ☐ 13. Kawasaki's disease
- ☐ 14. Other (specify)

Indication Codes for Fetal Echo:

- ☐ A. Abnormal prenatal screen
- ☐ B. Abnormal nuchal thickness _____mm
- ☐ C. Suspected congenital HD on anatomy scan
- ☐ D. Chromosomal abnormalities
- ☐ E. Maternal diabetes
- ☐ F. Maternal meds.
- ☐ G. Family history of congenital HD
- ☐ H. Twins/multiples
- ☐ I. Other (specify)

STRESS

EXERCISE STRESS TEST & CONSULT

○ **First Available Cardiologist** **or**

○ **Dr.** _____

HOLTER MONITOR

HOLTER MONITOR

○ **24 Hour**

○ **48 Hour**

NUCLEAR MEDICINE

NUCLEAR MEDICINE

○ **Persantine Cardiolite**

○ **Exercise Cardiolite**

CLINICAL

REFERRAL

Referred By: _____ M.D.

Signature: _____

Copy To: _____

Billing Number:

APPOINTMENT DATE: **APPOINTMENT TIME:** A.M. / P.M.

APPOINTMENT DATE: **APPOINTMENT TIME:** A.M. / P.M.

APPOINTMENT DATE: **APPOINTMENT TIME:** A.M. / P.M.

APPOINTMENT DATE: **APPOINTMENT TIME:** A.M. / P.M.

PATIENT INSTRUCTIONS

REGISTRATION:

- Please bring all of your current medications with you to your appointment
- Also, please bring your health card and arrive 15 minutes prior to your appointment to register.
- To register, please go to the **Admitting Department** located on the **1st Floor G Wing**.
- If your appointment time is **BEFORE 5:30 p.m**., please go to the Admitting Department located on the 1st Floor G Wing.

  If your appointment time is **AFTER 5:30 p.m. & WEEKEND**, please go directly to clinic located on the 2nd Floor C Wing.
- To cancel or reschedule the appointment, please contact the Appointment Call Centre at **(416) 469-6031** (Monday – Friday, 8 a.m.- 4:30 p.m. - Closed Statutory Holidays)
- For **Paediatric Appointments**, young children and babies should be fed prior to their appointment to make them less restless during their visit or test. Please bring a bottle of milk/juice and a soother. Please bring all of the child's current medications.
- **Directions:**

  Michael Garron Hospital (formerly Toronto East General Hospital) located at 825 Coxwell Ave.

  By Car

  Exit at Don Mills Road South off the Don Valley Parkway and travel eastbound (turn left) onto O'Connor Drive. Turn right (travel south) at Coxwell Ave.

  Metered parking is available around the hospital. Visitor parking is available off of Sammon Ave. and Mortimer Ave.

  By TTC

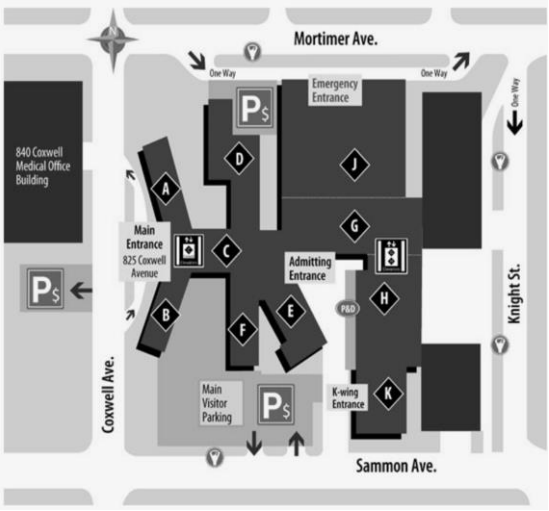
  The hospital is located just north of the Coxwell subway station. The Coxwell subway station is located between Greenwood and Woodbine along the Bloor-Danforth line.

  At the Coxwell subway station, take the northbound bus (#70 or #70A) to Sammon Ave.

PREPARATION INSTRUCTIONS:

- ✓ A light meal prior to the test (e.g. dry toast & juice). Diabetic patients may include fruit & vegetables.
- ✓ No caffeine for 24 hours prior to test. This includes no coffee, tea, pop or chocolate.
- ✓ Please wear comfortable clothes & running shoes (excluding Persantine patients) as you may be asked to use a treadmill or stationary bicycle (Stress Echos only).
- ✓ Please do not use lotion or powder on your skin.
- ✓ Please bring reading glasses if needed in order to review and sign patient consent form.
- ✓ Please bring all of your current medications with them. Take all medications as usual unless otherwise directed by your doctor.
- ✓ It is best if someone the patient knows accompanies them to translate if required but translation services are available upon request.

Note: Please prepare for at least a **5 hour stay** for Nuclear Imaging Tests – Persantine and Cardiolite Exercise Tests



GENERAL INFORMATION:

Access YOUR Health Records & Appointment Information Anywhere! Anytime!

- MyChart™ is a secure website that allows you to access your health records and appointment information.
- Available 24 hours a day, 7 days per week. Anywhere in the World!
- To register for this free service, please visit the Health Records Department (A-Wing 1st Floor).

Hand washing is important!

- Please wash your hands before, during and after you visit the hospital. Thank you.

We are a Smoke Free and Scent Sensitive building

- Many people are sensitive and/or allergic to fragrance. We ask that you please reduce the use of products that contain scents.

General inquiries: (416) 469-6580

Donations: (416) 469-6003

Business Office: (416) 469-6580 ext. 6231

Medical Records: (416) 469-6580 ext. 6273

Our website: www.tegh.on.ca

Follow us on Twitter: @EastGeneral

Like us on Facebook

Thank you for choosing Michael Garron Hospital