



For appointments, please fax the completed form to 403.777.3001

If available, please include: resting ECG, complete medication list, copies of any previous stress tests, angiogram or echocardiogram results, and recent blood work (i.e. lipids, glucose). A Booking Coordinator will contact your patient to schedule their appointment. If you have any questions, please call 403.568.8677 or toll-free 1.866.611.2665.

EXAM TYPE

1. **Myocardial Perfusion Scan with Internal Medicine Consultation**

Exercise stress testing or pharmacologic stress testing will be decided by the internal medicine consultation.

2. **Exercise Stress Test with Internal Medicine Consultation** (No Imaging)

3. **Echocardiogram**

4. **CT Cardiac Angiography** (Private Pay)

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: / /

Home Phone: _____

Name: _____ Female Male

Other Phone: _____

Address: _____

Date of Birth: / /

City: _____ Province: _____ Postal Code: _____

AHC or WCB #: _____

INDICATION FOR REFERRAL

- Diagnosis of coronary artery disease
- Evaluation of extent/severity of known coronary disease
- Evaluation of cardiac function
- Investigation of patient with multiple risk factors

- Pre-op assessment. Surgery & date: _____
- Driver's license qualification & third-party medical (Not covered by AHCIP - payment required)
- Other: _____

PATIENT HISTORY

Chest Pain

- Yes
- No
 - Typical
 - Atypical
 - Non-Anginal
 - New
 - Chronic
 - Changing Pattern
 - Exertional
 - Rest
 - Nocturnal
 - Dyspnea
 - Syncope

Pulmonary & MSK

- Asthma/ C.O.P.D.
- Interstitial Lung Disease
- Osteoarthritis

Allergies

- Contrast Allergies
- Other Allergies: _____

Cardiac History

- CABG
- Angioplasty/Stent
- Myocardial Infarction
- Heart Failure
- Arrhythmia
- Pacemaker
- Rheumatic Fever
- Valvular Heart Disease*

* Stress test not suggested with aortic stenosis

Coronary Risk Factors

- Diabetes
- Hypertension
- Hyperlipidemia
- Obesity
- Smoker
- Peripheral Vascular Disease
- Stroke
- Renal Failure
- Family History
- Asthma

MEDICATIONS

- Calcium Channel Blockers: _____
- Beta Blockers: _____
- Nitroglycerin: _____
- Insulin: _____

- Oral Hypoglycemic Agents: _____
- Bronchodilators: _____
- Theophylline: _____
- Other: _____

HEALTH CARE PROVIDER INFORMATION - URGENT bookings must be requested directly from physician's office.

Referring Health Provider: _____

Address: _____

Signature: _____

Practitioner's ID/Stamp:

Phone: _____ Fax: _____

Copy to: _____

Stat Report

GENERAL INSTRUCTIONS

- **We will contact you** prior to your exam to review instructions with you. Should you have any questions in the meantime, please do not hesitate to call us at 403.568.8677.
- **Please bring this requisition form** to your appointment.
- **Arrive 15 minutes prior to your appointment.** If you are late, your examination may have to be postponed to a later date.
- **Wear comfortable clothing** and appropriate footwear for walking on the treadmill. Preferably wear a short-sleeved shirt with buttons or an oversized T-shirt.
- Please ensure you have not had a **barium study** within 48 hours of your appointment
- **Please do not wear perfumes/colognes** or any scented products to your appointment.

PATIENT PREPARATION

ALL TESTS

Continue taking all medications unless otherwise instructed by your physician. Please bring all of your current medications.

MYOCARDIAL PERFUSION SCAN

You will be given an injection of a radioactive tracer on both days. If there is any chance of pregnancy, please contact our Booking Coordinators, as your test may be delayed.

Imaging of your heart will be performed over two separate appointments.

Day 1: Rest day (approx. 2 hours); **Day 2:** Exercise day (approx. 2.5 hours).

- **DO NOT EAT, DRINK or SMOKE** for four hours prior to the test. Small amounts of water are allowed.
- No caffeine-containing foods or beverages (includes coffee, tea, pop, chocolate, and medication with caffeine such as Tylenol #3 or Excedrin) for 24 hours prior to the Day 2 test (Exercise Day).

EXERCISE STRESS TEST – Only one appointment. Allow 1.5 hours.

- **DO NOT EAT, DRINK or SMOKE** for four hours prior to the test. Small amounts of water are allowed.
- No caffeine-containing foods or beverages (includes coffee, tea, pop, chocolate, and medication with caffeine such as Tylenol #3 or Excedrin) for 24 hours prior to the test.

ECHOCARDIOGRAM

No preparation required.

CT CARDIAC ANGIOGRAPHY*

1. No Viagra, Cialis or Levitra for 48 hours prior to your exam (applies to both males and females).
2. No barium studies 48 hours prior to this examination.
3. If history of contrast medium allergy, pre-medications start at noon the day before the exam (contact us for instructions).
4. Take the beta-blocker (Metoprolol) provided to you at bedtime the night before your exam.
5. No caffeine or exercise the morning of your exam.
6. No food or drink the morning of your exam.
7. Wear comfortable clothing. Preferably wear a short-sleeved shirt with buttons or an oversized T-shirt.

*For further instructions please call 403.301.4525

APPOINTMENT DATE AND LOCATION

| | Date | Time | Location |
|----------------------------------|------|------|----------|
| Myocardial Perfusion Scan | | | |
| Resting Phase: | | | |
| Stress Phase: | | | |
| Exercise Stress Test: | | | |
| Echocardiogram: | | | |
| CT Cardiac Angiography: | | | |

Cardiac Booking: 403.568.8677
Toll Free: 1.866.611.2665
Fax: 403.777.3001

Attention! You are almost out of Cardiac Requisition forms.

TO REPLENISH YOUR SUPPLY OF CARDIAC REQUISITION FORMS:

Call us at 403.777.3000

E-mail your request to requisitions@radiology.ca

Fax this form to 403.777.3001

Print requisitions directly from radiology.ca/requisition-forms

EMR upload assistance available. Please contact us at the above phone number or email address.

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

Thank you for your referrals.



Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.