

Cardio-Respiratory Department Requisition

Ground Floor St. Thomas Elgin General Hospital (South Building, Ambulatory Centre)

Phone: 519-631-2030 Ext. 2125

Fax: 519-637-3229

PATIENT INFORMATION:

Patient Name: _____

Appointment (Date /Time)

SE# _____ DOB _____

HC# _____

REQUEST FOR:

ECG

ECHOCARDIOGRAM

REASON FOR EXAM

HOLTER MONITOR

EXERCISE STRESS TEST/

○72hrs ○7-day ○14-day

CONSULTATION

AMBULATORY BLOOD
PRESSURE MONITOR

○ Bruce

○ Modified

~~ANKLE BRACHIAL INDEX~~

Ordering Physician _____

Print Name

Signature

Copy: _____

VERBAL PLEASE

Cardio-Respiratory Patient Preparation Instructions

PATIENTS SHOULD ALWAYS BRING A CURRENT LIST OF MEDICATIONS

ECG- No Preparation required. **ECHOCARDIOGRAM** - No Preparation required. Plan to be here ½-1hour.

HOLTER MONITOR- No Preparation required. Please do not use any lotions. Plan to be here for 20 minutes.

24 HOUR AMBULATORY BLOOD PRESSURE MONITOR - No Preparation required.

At time of registration, **the patient is responsible to pay a \$60.00 fee** for the procedure, as it is not covered by OHIP.

ANKLE BRACHIAL INDEX –Please bring a pair of shorts & T-shirt. Plan to be here up to 1hour.

(Arterial Leg Doppler) Foot Bandages are to be removed

STRESS TEST- Patients please TAKE any medications except Beta Blockers unless ordered by a Physician.

Please do not wear lotions. **STOP Beta Blockers 1 day prior to test.**

Patient may have a light breakfast.

Please wear comfortable, loose fitting clothing and bring a pair of walking/running shoes.

Plan to be here up to 1hour.

All Patients Please Park in the South Building at Parking Lot (2) and Register with Ambulatory Centre Reception located on the ground floor of the South Building (A Wing)



Delivering an excellent patient care experience