KWIK CARDIAC CLINIC

CARDIOLOGY REQUISITION

KWIK CARDIAC CLINIC
5 Manitou Drive, Unit 204
Kitchener, ON, N2C 1L4

Phone: 226-812-2444
Fax: 833-221-8325

PATIENT INFORMATION

NAME: _____ D.O.B: _____

ADDRESS: _____

PHONE #: _____ OHIP#: _____ WEIGHT: _____

APPOINTMENT

DATE: _____

TIME: _____

* PLEASE ARRIVE 10 MIN. BEFORE YOUR APPT. TIME.
*48 HOURS NOTICE FOR CANCELLATIONS.

CLINICAL INFORMATION _____

_____

_____

_____

_____

_____

REFERRING PHYSICIAN _____

ADDRESS _____

TEL/FAX _____

OHIP BILLING # _____

SIGNATURE _____

COPY TO _____

CARDIOLOGY

☐ 12-LEAD ELECTROCARDIOGRAM (Rest ECG)
☐ Bubble Study (assess intra-cardiac shunt)
☐ STRESS ECHOCARDIOGRAM (Ischemic Evaluation)
☐ CONTRAST ECHOCARDIOGRAM
☐ ECHOCARDIOGRAM (Colour doppler) Please select one of the following indications:

- ☐ Chest Pain
- ☐ Murmur
- ☐ Hypertension
- ☐ Palpitations/Arrhythmias
- ☐ Syncope
- ☐ Congestive Heart Failure
- ☐ Other: _____

☐ Holter Monitoring with 12 Lead ECG

- ☐ 24 hrs
- ☐ 48 hrs
- ☐ 72 hrs
- ☐ Other:_____
- ☐ LOOP/Cardiac Event (2 weeks)
- ☐ 24 hr BP Monitor ($80 cash only- Not covered by OHIP)

☐ Tilt Table

CARDIOLOGY CONSULTATION

☐ **Consultation Requested** ☐ **URGENT**

- ☐ First available appointment
- ☐ Dr. _____

☐ **Consult if test result positive / abnormal**