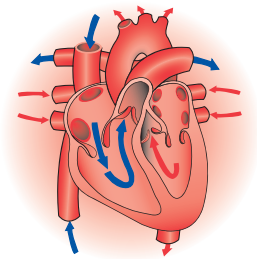


CARDIOVASCULAR DIAGNOSTIC CENTRE



Dr. Grace L. Chua MD, FRCP(C), FACC, Cardiologist

- Upper Thornhill Medical Centre - 955 Major Mackenzie Dr. W., Suite 214, Vaughan, ON L6A 4P9
- Aurora X-Ray Associates - 125 Pedersen Dr., Suite 3, 4, 5 Aurora, ON L4G 0E3

PATIENT INFORMATION

PATIENT'S LAST NAME		FIRST NAME		Clinical History (Select all that apply) <input type="checkbox"/> Chest pain/CAD <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Shortness of breath/CHF <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Palpitations/Syncope/Arrhythmia <input type="checkbox"/> Murmur <input type="checkbox"/> Abnormal ECG/Cardiac Assessment <input type="checkbox"/> Additional Clinical History	
ADDRESS					
HEALTH CARD NUMBER	VERSION CODE	DATE OF BIRTH	SEX		
TELEPHONE	DATE OF INJURY	W.S.I.B.?			
PRINT PHYSICIAN'S NAME		PHYSICIAN'S SIGNATURE			
DATE		COPY TO			

- Book direct with patient Inform our office PRIORITY Fax Number: _____

CARDIAC DIAGNOSTICS

- Vaughan, Suite 214, T: 905.832.7579 • F: 905.832.8495
- Aurora, T: 905.751.1500 • F: 905.751.1505

TEST	APPOINTMENT DATE & TIME
<input type="checkbox"/> ECHOCARDIOGRAM	
<input type="checkbox"/> EXERCISE STRESS TEST	
<input type="checkbox"/> ECG	
<input type="checkbox"/> HOLTER MONITORING <input type="checkbox"/> 24 <input type="checkbox"/> 48 <input type="checkbox"/> 72 HRS <input type="checkbox"/> 1 WK <input type="checkbox"/> 2 WKS	
<input type="checkbox"/> AMBULATORY BP MONITOR (24 HRS) <i>There is a charge for this test as it is not covered by OHIP</i>	
<input type="checkbox"/> CONSULTATION VAUGHAN ONLY <i>Please fax any additional documents helpful for consult</i>	

X-RAY ASSOCIATES

www.xrayassociates.org

- Vaughan, Suite 102, T: 289.553.6336 • F: 289.553.6339
- Aurora, T: 905.751.1500 • F: 905.751.1505

VASCULAR ULTRASOUND

- CAROTID ARTERIES
- VENOUS UPPER EXTREMITIES R L BOTH
- VENOUS LOWER EXTREMITIES R L BOTH
- ARTERIAL UPPER EXTREMITIES R L BOTH
- ARTERIAL LOWER EXTREMITIES R L BOTH
- ABDOMINAL ARTERY ANEURYSM
- OTHER _____

X-RAY

- CHEST
PA & LAT
- OTHER

NUCLEAR CARDIOLOGY

- EXERCISE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
- PERSANTINE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
- RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)*
- THALLIUM, REST AND REDISTRUBTION (RE: VIABILITY)
** Includes Ejection Fraction*

APPOINTMENT DATE _____ TIME _____ AM / PM

*** IMPORTANT ***

1. Appointments may be made by calling X-Ray Associates or Cardiac Diagnostics or by faxing a completed referral form to the specific clinic. If you are faxing, please indicate on the form if you want us to call your office with the appointment time, or book the test directly with your patient.
2. If you need to re-schedule your appointment, please call the appropriate office X-Ray Associates or Cardiac Diagnostics at least 24 hours in advance so that we can serve other patients.
3. Please arrive 10 minutes early to register and bring a valid health card, this requisition form and your list of medications. Thank you for your cooperation.

PATIENT PREPARATION INSTRUCTIONS

NUCLEAR CARDIOLOGY PROCEDURES

Vaughan, Suite 102
T: 289.553.6336 • F: 289.553.6339

Aurora, Units 3, 4, & 5
Tel: 905.751.1500 • Fax: 905.751.1505

MYOCARDIAL PERFUSION IMAGING PROCEDURES:

This test may be completed in one or two days.

- Please bring medications and puffers.
- No caffeine (tea, coffee, cola, chocolate) for 24 hours prior to your test (no decaffeinated tea/coffee).
- Nothing to eat 4 hours before your test.
- If you are booked to exercise on a treadmill – wear a T-shirt, shorts or sweatpants and running shoes.
- No smoking prior to testing.

DIABETICS:

- If on insulin: light breakfast the morning of the test and take half the usual morning insulin dose.
- If on oral medication: light breakfast and don't take diabetes medication before the test. After the test, you may eat and take your medication.

Certain medications should be stopped, if possible before the test, **ONLY IF PERMITTED BY YOUR DOCTOR**, as follows:

Stop for 24 hours before the test

- Metoprolol (Lopressor)
- Diltiazem (Cardizem; Tiazac)
- Acebutolol (Monitan; Sectral)
- Carvedilol (Coreg)
- Verapamil (Isoptin)
- Pain medication containing caffeine (i.e. Tylenol #2, #3)

Stop for 48 hours before the test

- Atenolol (Tenormin)
- Nadolol (Corgard)
- Bisoprolol (Monacor)

Stop for 7 Days before the test

- Theophylline (Aminophylline)
- for Persantine procedure
- Cialis, Viagra, Levitra



If you are pregnant or think you might be, please talk to your doctor before having an x-ray. Women who think they might be pregnant should not have an x-ray, NM during the last two weeks of their menstrual cycle.

X-RAY ASSOCIATES

www.xrayassociates.org

VASCULAR ULTRASOUND STUDIES

Vaughan, Suite 102
T: 289.553.6336 • F: 289.553.6339

Aurora, Units 3, 4, & 5
T: 905.751.1500 • F: 905.751.1505

ABDOMINAL ARTERY ANEURYSM (AAA):

Nothing to eat or drink 8 hours prior to your appointment (except to swallow necessary medications).

CARDIAC DIAGNOSTICS

Vaughan, Suite 214, T: 905.832.7579 • F: 905.832.8495

CARDIOLOGY PROCEDURES

AURORA X-RAY ASSOCIATES
T: 905 751-1500 • F: 905 751-1505

ECHOCARDIOGRAM: This ultrasound test checks the structure and function of your heart and takes approximately 30-45 minutes. **No preparation is required.**

EXERCISE STRESS TEST: This is a treadmill test that assesses your cardiovascular health and generally takes 20 to 30 minutes. **Wear comfortable clothing and running shoes** and come with an **empty stomach or after a light meal.** Check with your Doctor if you need to temporarily stop taking some of your **medications** before the test. Do not work out the same day as the test.

ELECTROCARDIOGRAM (ECG): This test tells us about your heart rhythm and takes approximately 15 minutes. **No preparation is required.**

HOLTER MONITOR: You will be wearing an ECG recorder (size of a pager) continuously while carrying out your regular daily activities to detect any abnormal heart rhythm. The hook-up process takes about 20 to 30 minutes. The recorder must be returned to us immediately after the monitoring for analysis. **No preparation is required. You cannot get the recorder wet or take a shower while wearing the recorder.**

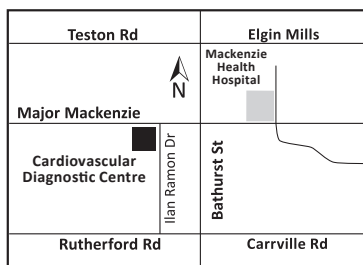
BLOOD PRESSURE MONITOR:** You will be wearing a blood pressure cuff around your arm for 24 hours. The machine will automatically take your blood pressure every 20 to 60 minutes. The hook up process takes about 20 to 30 minutes. The monitor must be returned to us immediately after the monitoring for analysis. **No preparation is necessary. You cannot get the monitor wet or take a shower while wearing the recorder.**

**** There is a charge for this test as it is not covered by OHIP ****

Cardiovascular Diagnostic Centre

Upper Thornhill Medical Centre
955 Major Mackenzie Dr. West
Vaughan, ON L6A 4P9

Cardiac Diagnostics,
Suite 214
Tel: 905-832-7579
Fax: 905-832-8495



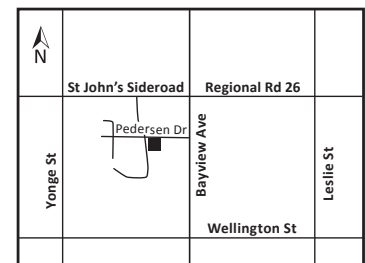
X-RAY ASSOCIATES

www.xrayassociates.org

Aurora - 125 Pedersen Dr, Units 3, 4, & 5
Aurora, ON L4G 0E3 (off Bayview)

Tel: 905.751.1500 • Fax: 905.751.1505

X-Ray Associates: Vaughan
Suite 102
Tel: 289.553.6336
Fax: 289.553.6339



By appointment only – FREE PARKING AVAILABLE!

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>