

North Bay Regional Health Centre

Cardiorespiratory Services Requisition

ECG/Holter Monitor/Stress Testing



NON-URGENT	SEMI- URGENT	URGENT
<input type="checkbox"/> 6 – 8 Weeks	<input type="checkbox"/> 15 Days	<input type="checkbox"/> 24-48 hours Contact on call internist

(Ordering Physician MUST complete)

<input type="checkbox"/> ECG	Date:	Time:
<input type="checkbox"/> HOLTER MONITOR	Date:	Time:
<input type="checkbox"/> 24 hrs. <input type="checkbox"/> 48 hrs. <input type="checkbox"/> 72 hrs.		
<input type="checkbox"/> STRESS TEST-EXERCISE	Date:	Time:
<input type="checkbox"/> On beta blockers <input type="checkbox"/> Off beta blockers <input type="checkbox"/> Not on beta blockers		
<input type="checkbox"/> MIBI STRESS TEST -EXERCISE	Date:	Time:
<input type="checkbox"/> On beta blockers <input type="checkbox"/> Off beta blockers <input type="checkbox"/> Not on beta blockers		
<input type="checkbox"/> PERSANTINE MIBI STRESS TEST (Pharmacological)	Date:	Time:
INDICATION:		
<input type="checkbox"/> Hx of CAD/MI	<input type="checkbox"/> Syncope	
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Dyspnea	
<input type="checkbox"/> Valve Disease/Murmur	<input type="checkbox"/> Stroke/TIA	
<input type="checkbox"/> Palpitations/Arrhythmia	<input type="checkbox"/> Hypertension	
Reason for Study/Symptoms:		
BP	Weight: _____ kg	Height: _____ cm
Please list medications:		

Date: _____ Physician's Signature: _____

Print Name: _____

Please fax completed requisitions to the Cardiorespiratory Department at 705-495-8116
For questions please contact the Cardiorespiratory Department at 705-474-8600 Extension 4531