

OUTPATIENT ECHOCARDIOGRAPHY REQUISITION

Two options in North Bay are available:

North Bay Regional Health Centre,
Diagnostic Imaging Department, 50 College Drive,
(705) 474-8600 ext. 2834 Fax: (705) 495-7984

Diagnostic Ultrasound Service,
60 Champlain Street, Suite 101
(705) 472-2898 Fax (705) 472-9959

Patient Name: _____

Health Card #: _____

PHONE #: _____

D.O.B: _____ Male Female

Appointment Booked: _____

Patients must:

-arrive 15 minutes before the appointment

-bring their health card

-bring original form with them

-wear two-piece clothing

-no preparation needed

CLINICAL INFORMATION

ECHOCARDIOGRAPHY INDICATION: Referring physician MUST choose from one of the following options.

- Heart murmurs
- Native valvular stenosis
- Native valvular regurgitation
- Known or suspected mitral valve prolapse
- Congenital or Inherited cardiac structural disease
- Prosthetic heart valve
- Infective endocarditis
- Pericardial disease
- Cardiac masses
- Interventional procedure
- Pulmonary diseases
- Chest pain and coronary artery disease
- Dyspnea, edema, and cardiomyopathy
- Hypertension
- Thoracic aortic disease
- Neurological or other possible embolic events
- Arrhythmic syncope and palpitations
- Before cardioversion
- Suspected structural heart disease

NOTE TO REFERRING PHYSICIAN OR NURSE PRACTITIONER:

Should support be needed to choose a standard indication, contact the location at the phone number listed above. A standard indication must be requested as per Standards for Provision of Echocardiography in Ontario (April 2015), Cardiac Care Network.

Signature of Ordering Physician: _____ Print Name of Ordering Physician: _____

For non NBRHC physicians: Please include Ordering Physician # for billing purposes to avoid any delays in care # _____

Office use only:

Patient Contact: 1. date: _____ 2. date: _____ 3. date: _____

Patient Notified: date: _____ Clerk Initial: _____