Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.
167 Rolph Street, Tillsonburg, ON N4G 3Y9

Echocardiography (2D Echo) Requisition

Scheduling Department P: 519-842-6335 F: 519-842-4299

Date of Request	YYYY/MM/DD
Last Name	
First Name	
Date of Birth	YYYY/MM/DD
Health Card / Version	
Phone / Cell	

Patient Label

□ Male □ Female **Appointment Date:** _____ **Appointment Time:** _____
YYYY/MM/DD 2400h

□ Outpatient □ Inpatient / E-Order □ Emergency Department Patient / E-Order □ Restricted Mobility

APPOINTMENT DETAILS: Please arrive 15 minutes early and report to Patient Registration. Bring this requisition and your Health Card to your appointment. Patients with no requisition will be re-scheduled. Late arrivals may require re-scheduling. If unable to keep this appointment, contact the Scheduling Department at 519-842-6335.

IDENTIFY ALL PERTINENT CLINICAL INFORMATION & PATIENT HISTORY (Check all that apply)

APPROVED INDICATIONS FOR 2D ECHOCARDIOGRAM			
	Abnormal Chest X-Ray		Hypertension
	Abnormal Electrocardiogram (ECG)		New Murmur
	Aortic Aneurysm – Suspected or known involving Aortic Root, Ascending, Descending, or Arch		Palpitations
	Arrhythmias		Pericardial Effusions – Suspected or follow-up
	Cardiac Mass		Pre/Post Cardiac Surgery – Valve Replacement or Repair, Pacemaker, Ablation, Angioplasty
	Cardiomyopathy – *please specify type*		Pre/Post Chemotherapy
	Chest Pain/Tightness		Pre/Post Organ Transplant
	Congenital Heart Disease – *please specify*		Pre-op Assessment – *please specify concern*
	Congestive Heart Failure (CHF), Heart Failure		Syncope / Pre-Syncope (Fainting)
	Coronary Artery Disease – *With previous abnormal findings: >1 year follow up if asymptomatic; 6 months if symptomatic		Recent Myocardial Infarction – Myocardial Infarction (MI), Non ST Elevation Myocardial Infarction (NSTEMI), ST Elevation Myocardial Infarction (STEMI)
	Dyspnea - Shortness of Breath (SOB); SOB On Exertion		Thrombus/Clot – Suspected or Follow-up
	Edema		Transient Ischemic Attack (TIA), Stroke
	Endocarditis/Myocarditis		Valvular Heart Disease – Regurgitation, Stenosis or Prolapse
	Family History of Structural/ Congenital Heart Disease		

Patient Height (cm): _____ Patient Weight (kg): _____

Medications: _____

Ordering Physician (print name): _____

Copy to Physician (print name): _____

Office Phone: _____ Office Fax: _____

Signature: _____ Date: _____
YYYY/MM/DD