

## ECHOCARDIOGRAPHY REQUISITION

Alexandra Hospital Ingersoll (AHI)  
AHI Scheduling/Bookings Contact:  
Phone: 519-485-9611 Fax: 519-485-9601  
Tillsonburg District Memorial Hospital (TDMH)  
TDMH Scheduling/Bookings Contact:  
Phone: 519-842-6335 Fax: 519-842-4299

### Referring Physician or Other Authorized Health Care Provider

Name (Please Print): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Provider Billing #: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_  
Copy to: \_\_\_\_\_

### Patient Information:

Name (Last, First): \_\_\_\_\_  
Date of Birth (DOB): \_\_\_\_\_  Male  Female  
YYYY MM DD  
Personal Identification Number (PIN): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number (Home): \_\_\_\_\_  
(Other): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 Workplace Safety & Insurance Board (WSIB)? (Please include approval for specific exam)  
Claim #: \_\_\_\_\_  
Date of injury (YYYY/MM/DD): \_\_\_\_\_  
3<sup>rd</sup> Party or Insurance (Company or Self-pay): \_\_\_\_\_

Patient Height: \_\_\_\_\_ Centimeters (cm)

Patient Weight: \_\_\_\_\_ Kilograms (kg)

RESTRICTED MOBILITY \_\_\_\_\_

## STANDARD INDICATIONS FOR ECHOCARDIOGRAM

Abnormal Diagnostic Imaging Findings	Myocardial Infarction: Date (YYYY/MM/DD): _____
Arrhythmias/ Palpitations	Myocarditis
Cardiac Masses	Neurologic or Other Possible Embolic events
Cardiomyopathy: Describe	Pericardial Diseases: Describe
Chemotherapy/Cardio Toxic Drugs	Pre-Cardioversion/Pre-Pacemaker
Chest Pain or Tightness	Pre-Transplant Assessment
Coronary Artery Disease (previously diagnosed); if asymptomatic – 1 year follow-up	Prosthetic Heart Valve: Year _____ Aortic Mitral Tricuspid Pulmonic
Dyspnea (Shortness of Breath) or Edema	Pulmonary disease or Embolism: Describe:
Endocarditis	Suspected Structural Heart Disease: (with no previous echocardiogram)
Family History of Structural Cardiac Disease (Complex congenital anomalies refer to tertiary site)	Syncope / Pre-Syncope
Heart Failure	Thoracic Aortic Disease: Describe
Heart Murmur	Valvular Regurgitation: Aortic Mitral Tricuspid Pulmonic
Hypertension (new onset or uncontrolled)	Valvular Stenosis: Aortic Mitral Tricuspid Pulmonic

**History/Other: (May require approval)**

**UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RETURNED AND APPOINTMENTS WILL NOT BE BOOKED UNTIL A SIGNED AND COMPLETED REQUISITION IS RECEIVED.**