



**Tillsonburg District  
Memorial Hospital**  
*Partnering to keep healthcare close to home.*

167 Rolph St. Tillsonburg, ON N4G 3Y9

## Echocardiography Requisition

Patient Registration - Tel: 519-842-6335 Fax: 519-842-4299

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

HC # \_\_\_\_\_ Version Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

RESTRICTED MOBILITY: ☐

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Patient Label

**APPOINTMENT DETAILS:** Please arrive 15 minutes early and report to Patient Registration. Please bring your Health Card to this appointment. Patients who arrive late maybe re-scheduled. This exam takes approximately 30-45minutes. If you are unable to keep this appointment, contact Scheduling at **519-842-6335**.

### STANDARD INDICATIONS FOR ECHOCARDIOGRAPHY

Please include relevant history

Abnormal Diagnostic Imaging Findings	Myocardial Infarction: Date _____
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>1yr follow up	Prosthetic Heart Valve: Year _____ Aortic Mitral Tricuspid Pulmonic
Dyspnea (SOB) 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	Valvular Stenosis: Aortic Mitral Tricuspid Pulmonic
Other Clinical Indications: (*may require approval)	

Ordering Physician: (Print name) \_\_\_\_\_ Signature: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Billing Number: \_\_\_\_\_

Copy to: \_\_\_\_\_ Date: \_\_\_\_\_

Relevant History: \_\_\_\_\_

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