



200 Fletcher Crescent, Alliston, Ontario L9R 1W7

TO BOOK AN APPOINTMENT:
Phone: 705-435-6281 ext. 2346
Fax: 705-434-5219

INPATIENT FAX: 5219

CARDIOVASCULAR TESTING REQUISITION

Name: PRINT CLEARLY OR USE PATIENT LABEL
Health Card #:
Address:
Phone #:
DOB: (DD/MM/YY)

CARDIOLOGY DIAGNOSTICS

Echocardiogram - greater than 16 yrs
Echocardiogram with agitated saline - Adult (Bubble Study)
Contrast Echocardiogram - Adult (at discretion of cardiologist)
Exercise Graded ECG stress greater than 18 years
24 HR blood pressure monitor - \$50
24-HOUR HOLTER, 48-HOUR HOLTER, 14 DAY HOLTER, 72-HOUR HOLTER
Cardiology Consultation greater than 18 years

CLINICAL INFORMATION / TEST INDICATION:

Empty box for clinical information and test indication.

Ordering Physician:
Signature:
Fax:
Phone:
Billing #:
Date:
CC:
Phone:
Fax:

