

Cardiac Testing: Medical Centre 1: Suite 206, 430 The Boardwalk, Waterloo, ON, N2T 0C1

Pulmonary Testing: Medical Centre 2: Suite 303, 435 The Boardwalk, Waterloo, ON, N2T 0C2

Phone: 519-741-5252 Fax: 519-741-5772 email: cps.booking@kwcps.com

REQUEST FOR TESTING

Urgency: Elective Urgent

Indication: *(Requisitions with insufficient information will be returned)*

Chest pain Palpitations Syncope Murmur Hypertension

Dyspnea Cough COPD Asthma

CLINICAL INFORMATION:

CARDIAC TESTING

Echocardiogram

Echo with add on Contrast or Bubble Study

Electrocardiogram (ECG)

Holter Duration 24 hr 48 hr 72 hr
 7 day 14 day

Ambulatory Blood Pressure Monitor
(\$75 fee, not covered by OHIP)

Exercise Stress Test*

Exercise Stress Echocardiogram*

Dobutamine Stress Echocardiogram*
*(*Consults will be conducted at cardiologists discretion)*

(if requesting a consultation: See CPS Request for Consultation requisition.)

PULMONARY TESTING

Full Pulmonary Function with Bronchodilator

Full Pulmonary Function without Bronchodilator

Spirometry with Bronchodilator

Spirometry without Bronchodilator

Arterial Blood Gases On Room Air On Oxygen

Neuromuscular Protocol
(Full Pulmonary Function with MIPs & MEPs and Seated & Supine Spirometry)

FeNO (Exhaled Nitric Oxide Level)
(\$85 fee, not covered by OHIP)

PATIENT INFORMATION

Last Name:

First Name:

DOB:(mm/dd/yyyy)

Health Card Number:

Phone:

Email:

Address:

Street

City

Province

PC

REFERRING PRACTITIONER

Name:

Billing#:

Phone:

Fax:

Address:

Street

City

Province

PC

Additional copies:

Gender: Female Male _____

Patient requires translator: *Language* _____

Referring Practitioner's Signature: _____

Has this patient been seen by a CPS Physician?

if yes Specify: Dr. _____