

CARDIAC DIAGNOSTIC SERVICES
Credit Valley Hospital
Booking line (905) 813-4545
For booking call: Monday to Friday 8:00 am to 4:00 pm
Please fax completed form to (905) 813-4046

Last Name: _____ First Name: _____

Date of Birth (DD/MM/YYYY): _____ / _____ / _____

Health card #: _____

MRN #: _____

CSN #: _____

Affix patient encounter label here/complete all fields if label not available.

Is the patient diabetic? Y N
Patient Demographics:

Last Name: _____ First Name: _____ Date of Birth (DD/MM/YYYY): _____ / _____ / _____

Health Card #: _____ Legal Sex: Female Male Non-Binary Unknown X

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone number: _____ Mobile number: _____ Email Address: _____

Appointment information:

Hospital use only

Hospital MRN: _____

Date: _____ Time: _____ Credit Valley Hospital
2200 Eglinton Ave., W. Mississauga, ON L5M 2N1

Echocardiography (Please check)

- Adult Echocardiogram** with Contrast
- with Saline (bubble) Study (assess intra-cardiac shunt)
- Stress Echocardiogram**
- Exercise
- Dobutamine (Beta blocker should be held for minimum of 48 hours as per physician orders)
- Trans-Esophageal Echocardiogram (TEE)**
(Recent consult/clinic note and echo report required with requisition)
- Paediatric Echocardiogram**
- Sedation For infants 6 weeks(corrected age)-4 months – Chloral Hydrate PO 50 mg/kg, repeat half dose as per protocol up to a maximum of 1500mg
- For children 5 months-3 years – Chloral Hydrate PO 80 mg/kg, repeat half dose as per protocol up to a maximum of 1500 mg
- Non Sedation (recommended for children over the age of 3 years)

Stress Testing (Please check)

- Graded Exercise Stress Test (GXT)**
- Myocardial Perfusion Imaging (MPI)/Nuclear Stress Test**
- Exercise **Dobutamine** (at discretion of supervising cardiologist)
- Persantine** (LBBB or unable to exercise) **Two day MPI protocol** (recommended for patients over 250 lbs)
- Nuclear Angiogram** (SYMA or MUGA scan)
- PYP Tc-99m Imaging for Transthyretin Cardiac Amyloidosis**

** Please note supervising cardiologist may change test type if clinically appropriate**

Ambulatory Monitoring (Please check)

- Holter Monitor** (choose one only)
- 24-hour 48-hour
- Ambulatory Blood Pressure Monitoring** (24 hour), \$75.00 fee for patient (not covered by OHIP)
- Electrocardiogram (ECG)**

 The clinical indication(s) **must** be checked off and specify clinical indication in order to proceed with booking:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chest pain, CAD/angina/MI | <input type="checkbox"/> Pulmonary hypertension, RV function | <input type="checkbox"/> Possible cardiac thrombus/mass |
| <input type="checkbox"/> CHF, SOB/edema | <input type="checkbox"/> Thoracic Aortic disease | <input type="checkbox"/> Infective endocarditis/vegetation |
| <input type="checkbox"/> LV function, Cardiomyopathy | <input type="checkbox"/> Source of emboli | <input type="checkbox"/> Congenital heart disease |
| <input type="checkbox"/> Arrhythmias, syncope, palpitations | <input type="checkbox"/> Valvular heart disease/murmur | <input type="checkbox"/> Structural heart disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pericardial disease/effusion | <input type="checkbox"/> Other-specify _____ |

Clinical Information:

Referring Provider:

Name of Referring Provider (Last Name, First Name- as listed in CPSO): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone number: _____ Fax number: _____ CPSO #: _____ Billing (OHIP) #: _____

Signature: _____ Date: _____ Copies to: _____ Phone: _____ Fax: _____

GETTING READY FOR YOUR TEST

Please notify the hospital at least 48 hours in advance if you will be unable to keep your appointment. Call (905) 813-2712.

Thank you for your co-operation. ****Please bring your medications in their original containers to your appointment****

*******PLEASE ENSURE YOU ARRIVE AT THE CORRECT SITE YOU ARE BOOKED FOR*******

Trillium Health Partners is pleased to be part of your health care team. We offer one-stop cardiology care for testing, evaluation and, if necessary, treatment and rehabilitation.

To help us provide the best care possible, please read and follow these instructions.

Do not use powders or creams on your chest or stomach.

If you have a cold, feel feverish or unwell, call (905) 813-2712 as soon as possible. Trillium may need to re-book your test.

Test duration times indicated below do not include possible waiting time.

INSTRUCTIONS FOR YOUR TEST

Echocardiogram

- Ultrasound images of your heart will be taken with a probe and some gel on chest. Be prepared to spend approximately one hour at the hospital. No preparation is required for this test.

Stress Echocardiogram

- For Stress Echocardiograms, be prepared to spend about 1.5 hours. You will have a resting echocardiogram followed by a Graded Exercise Stress Test or GXT or Pharmacological Stress Test.

Trans-Esophageal Echocardiogram (TEE)

- You will be asked to sign a consent form.
- You will spend about 2-3 hours in the department or unit for testing.
- Do not eat or drink anything after midnight.
- Medications can be taken with a sip of water the day of testing.
- You will be given medication during the procedure; Someone must accompany you to the procedure to take you home
- Ask your doctor if you should stop any medications before the test.

Paediatric Echocardiogram

- For children 3-12 years of age, be prepared to spend approximately 2 hours at the hospital. There is no preparation needed for this test. It is recommended that you bring along anything that may help your child lay still for the test, such as an iPad or a favourite book.
- Sedated studies: Be prepared to spend approximately 2 to 3 hours at the hospital. Please do not give your child any food, milk or formula for 6 hours prior to the appointment. Breast milk may be given up to 4 hours prior and juice or water may be given up to 2 hours prior to the appointment. Please bring juice or water and a stroller. Please check in Cardiopulmonary Department 15 minutes prior to the scheduled appointment time. The Health Care Provider will call you the week prior to your child's echocardiogram appointment to discuss these instructions in more detail.

Graded Exercise Stress Test (GXT)

- Be prepared to spend approximately one hour at the hospital. Please bring a list of all current medications. Wear comfortable clothing and shoes for exercise. Take all of your current medications as you normally would unless your physician has instructed you to stop them prior to the test. Please discontinue any erectile dysfunction medications 48 hours prior to stress test. Please do not have any caffeine for 2 hours prior to the test.

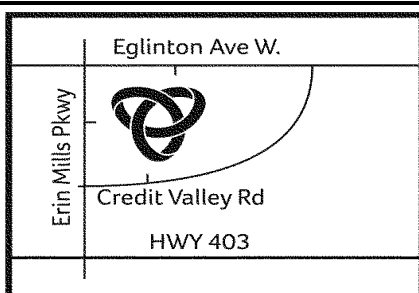
Myocardial Perfusion Imaging (MPI)/Nuclear Stress Test

- For nuclear stress tests (also called perfusion tests, Thallium/Myoview and Cardiolite Stress tests), be prepared to spend 4 to 6 hours at the hospital. You may have a light breakfast the morning of the test. Absolutely NO caffeine 24 hours prior to the test. This includes coffee, tea, chocolate, Tylenol 1, 2, 3 and 4, Anacin and Excedrin. You may take all of your current medications as you normally would unless your physician has instructed you to stop them prior to the test. Please bring a list of your current medications as well as comfortable clothes and shoes if your test involves exercise. Please discontinue any erectile dysfunction medications 48 hours prior to nuclear stress test.
- For resting Nuclear Angiogram (SYMA or MUGA scan), be prepared to spend approximately 45 minutes at the hospital. There are no specific preparations for this test. You may take all of your current medications as you normally would.
- For PYP Imaging, be prepared to spend 3-4 hours at the hospital. There are no specific instructions for the test.

Holter Monitor

- Be prepared to spend approximately 30 minutes to be hooked up for a Holter or a Blood Pressure Monitor. We recommend that you shower before coming, as the monitors cannot get wet. The technologist will verify when the monitor needs to be returned. Please bring a list of all current medications. For Blood Pressure monitors there is a \$75.00 fee as it is not currently covered by OHIP.

LOCATION



CREDIT VALLEY HOSPITAL
2200 Eglinton Ave. West
Mississauga, Ontario L5M 2N1
Phone: 905-813-4545
Fax: 905-813-4046

