

CARDIAC DIAGNOSTIC SERVICES

Mississauga Hospital
Phone (905) 848-7674
For booking call: Monday to Friday – 8:00am to 4:30 pm
Please fax completed form to (905) 848-7675

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? Yes No

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
 Date: ____/____/____ Time: _____ Hospital MRN: _____
 Mississauga Hospital
 100 Queensway West
 Mississauga, ON L5B 1B8

Echocardiography (Please check)
 Adult Echocardiogram/Doppler
 with Saline (bubble) Study (assess intra-cardiac shunt)
 with Contrast Study
 Trans-Esophageal Echocardiogram (TEE) (recent consult/clinic note and echo report required with requisition)

Stress Testing (Please check)
 Graded Exercise Stress Test (GXT)
 Nuclear Cardiology Imaging– check in at diagnostic imaging
 Exercise
 Dipyridamole/Persantine (LBBB or unable to exercise)
 Resting Nuclear Angiogram (SYMA or MUGA)

Ambulatory Monitoring (Please check)
 Holter Monitor (choose one only)
 24-hour 48-hour 72-hour
 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"/> Valvular heart disease/murmur	<input type="checkbox"/> Arrhythmias, syncope, palpitations	<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) 848-7674.

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) 848-7674 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 / Doppler Studies

Ultrasound images of your heart will be taken with a probe and some gel on your chest. Be prepared to spend approximately 1 hour at the hospital. No preparation is required for this test.

Trans-Esophageal Echocardiogram (TEE)

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

Graded Exercise Stress Test (GXT) and Nuclear Cardiology Imaging (Cardiolite)

You will be asked to sign a consent form.

Your test will take: 1. Nuclear Cardiology Imaging – 3 to 5 hours

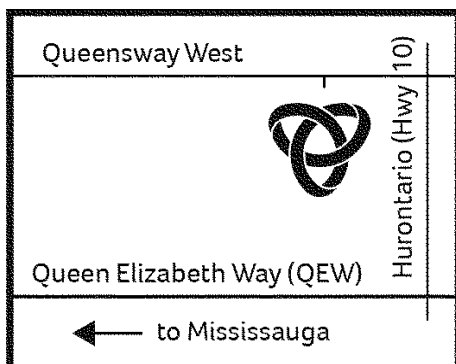
2. Graded Exercise Stress – 30 minutes

- For 24 hours prior to the test, do not drink or use products containing caffeine, including coffee, decaf coffee, tea, decaf tea, colas, decaf colas, chocolate or Tylenol #1, #2 or #3. Do not use alcohol. Do not use theophylline.
- If your doctor has not given you specific instructions about whether to stop taking medications before the test, ask your doctor. Do not stop taking medications without consulting your doctor.
- Do not participate in strenuous activity the day before or the day of the test.
- If your test is in the morning, you can have a light breakfast of juice and /or water and toast. If your test is in the afternoon, you can have a light lunch.
- Wear loose fitting, comfortable exercise clothing including rubber-soled walking or running shoes. No slip-on, or open back shoes. Women should wear slacks or a loose fitting skirt.
- Please bring a list of your medications.
- Please note: sometimes, small areas of chest hair will have to be shaved to allow for good electrode connection.

Holter Monitor

- You will be asked to sign a consent form. You will spend about 30 minutes in the department for testing.
- You will carry a monitor for 24, 48 or 72 hours. You will also carry a diary to record your daily activities.
- For the Holter Monitor test, you cannot take a shower or bath during the recording period. We recommend that you shower before coming.
- Please bring a list of your medications.

LOCATION



MISSISSAUGA HOSPITAL
100 Queensway West
Mississauga, Ontario L5B 1B8
Phone: 905-848-7674
Fax: 905-848-7675

