

Patient Stamp

## Transthoracic and Stress Echocardiogram Requisition Form

Patient Name: \_\_\_\_\_ HCN or UHN MRN: \_\_\_\_\_

Patient Address : \_\_\_\_\_ Date of birth : \_\_\_\_\_

### Type of Test :

- |   |  |
|---|--|
| <input type="checkbox"/> Transthoracic Echocardiogram                                     | <input type="checkbox"/> Pharmacologic Echocardiogram - Dobutamine       |
| <input type="checkbox"/> Transthoracic Echocardiogram with Saline Contrast (Bubble Study) | <input type="checkbox"/> Exercise Stress Echocardiogram - Treadmill      |
| <input type="checkbox"/> Transthoracic Echocardiogram with Echo Contrast                  | <input type="checkbox"/> Exercise Stress Echocardiogram - Supine Bicycle |

Note : Echo contrast agent will be administered if needed to adequately visualize cardiac structures unless 1) the patient has known hypersensitivity or contraindication (e.g. severe pulmonary hypertension, significant right to left shunt) to echo contrast use, 2) the patient does not or is not able to consent, or 3) the referring physician specifies no contrast use. For TEE Requests, use the TEE Requisition Form.

Indication/s : \_\_\_\_\_

Clinical Information : \_\_\_\_\_

Referring Physician (Print Full Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Request Date: \_\_\_\_\_

### For Stress Echocardiogram Only - Additional Information Required

Indication/s for Stress Echocardiogram	
If more than one, specify the primary/priority indication	
<input type="checkbox"/> Chest Pain NYD, Coronary Artery Disease (CAD) – rule out <input type="checkbox"/> Coronary Artery Disease (CAD) - Post MI <input type="checkbox"/> Coronary Artery Disease (CAD) - Post PCI/CABG <input type="checkbox"/> Coronary Artery Disease (CAD) – Viability* <input type="checkbox"/> Functional Capacity**** <input type="checkbox"/> Hypertrophic Cardiomyopathy – assess LVOT Pressure Gradient *** <input type="checkbox"/> Hypertrophic Cardiomyopathy - rule out ischemia	<input type="checkbox"/> Pulmonary Hypertension*** <input type="checkbox"/> Valvular Disease – rule out ischemia Specify valve : _____ <input type="checkbox"/> Valvular Disease – assess severity except AS*** Specify valve : _____ <input type="checkbox"/> Valvular Aortic Stenosis with LV Ejection Fraction <40% (Low flow, low gradient AS)** Other : _____
* Pharmacologic Stress echocardiogram recommended ** Pharmacologic Stress echocardiogram only ***Exercise Stress echocardiogram recommended unless patient is not able to exercise or physician preference **** Exercise Stress echocardiogram only	

Review each statement and indicate if applicable to your patient:

- Y N The patient is on B-blockers or rate limiting Ca Channel medication and will advise patient to hold medication on the day of the test - recommended to allow patient to reach target heart rate and have a diagnostic stress test
- Y N The patient is on B-blockers or rate limiting Ca Channel medication and will not hold medication. Perform the test while patient is on medication
- Y N The patient has a pacemaker or defibrillator. If yes, attach information with details of device vendor and device type
- Y N The patient requires an interpreter. Language : \_\_\_\_\_

Medications: name and dosage (use separate sheet if necessary) \_\_\_\_\_