



**NORTH
YORK
GENERAL**

*Making a World
of Difference*

Tel 416-756-6064
Fax 416-756-6066

**Cardiology, Respiratory
& Neurology Services
REQUISITION**

FORM PS253

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Rev. 06/2018

Patient LABEL / Identification Area

All information below MUST be provided at time of booking

Name: _____ Date of Birth: _____/_____/____ Phone #: _____
(last, first) (DD/MM/YY)

HC # _____ Gender: M / F

Provider's Name: _____ Billing #: _____ Phone #: _____

Copy to: _____ Provider's Signature: _____

Clinical Information: _____

CARDIOLOGY TESTS

EXERCISE STRESS TEST:

Graded Exercise Stress Test **

AMBULATORY MONITORING:

Holter Monitor Recording 24 Hour 48 Hour

72 Hour 14 days 30 days

Ambulatory Blood Pressure Monitor (\$64 fee)

ECHOCARDIOGRAPHY: (18 years of age or older)

Echocardiogram Echo with Contrast Echo with Saline (Bubble Study) Stress Echo

For referral by Cardiologists only — Transesophageal Echo (TEE)

NUCLEAR CARDIOLOGY IMAGING:

Myocardial Perfusion Imaging **

with Exercise Stress (continue on meds Y N)

with Pharmacological Stress (Persantine® DOBUTamine)

Radionuclide Angiogram (Rest MUGA)

Myocardial Viability Imaging (Rest Thallium)

PULMONARY TESTS

****HEMOGLOBIN LEVEL:** _____ (Need Hgb level for Pulmonary Function Test for Adults)**

Routine Pulmonary Function (Previous Y/N) Spirometry (Paeds) Pre and Post Bronchodilator MIPs/MEPs

Methacholine Challenge Test ** Home Oxygen Assessment ABG (Arterial Blood Gas)

Six-minute walk test (should be used only for respiratory disease monitoring)*

*(Note: this test may be converted to a Home Oxygen Assessment, if a significant oxygen desaturation is noted during testing)

NEUROLOGY TESTS (416-756-6623 Fax 416-756-6691)

Electroencephalogram (EEG) EEG - Sleep Deprived

Please ensure patient brings a signed copy of this Requisition, health card and list of all medications to their appointment.

For Pre-Test Instructions, please call 416-756-6920 and follow the instructions. Please see over →

CARDIO-RESPIRATORY NEUROLOGY SERVICES

Tel: (416) 756-6064 Fax: (416) 756-6066

General Site

4001 Leslie Street, Toronto, ON M2K 1E1
6TH Floor, North & South Wings

www.nygh.on.ca/crn

TO THE PHYSICIAN: Thank you for referring your patient to NYGH Cardio-Respiratory Services

Please fax a copy of the **signed requisition**, to the Cardio-Respiratory Services Department at the number listed above.

Please provide the patient with a copy of the Requisition and the Cardio-Respiratory Services Pre-Test Instructions Sheet. (Patients may also call the automated instructions line at **416-756-6920**.)

We will attempt to contact the patient 48 hours in advance of the test to confirm the appointment date and time. Please ensure that patient contact information provided on the requisition is current.

TO THE PATIENT:

For tests marked with **, we require that you discontinue all caffeinated products as well as certain specific types of medications, prior to the study. If uncertain about this, please contact the referring physician's office or our department, at least 48 hours prior to your appointment.

Please arrive with your Health Card, a copy of the signed requisition form if given to you, and a current list of your medications.

Please arrive approximately 15-20 minutes ahead of your scheduled appointment time to ensure timely registration for the test.

We will attempt to contact you in advance of your test to confirm the appointment date and time.

If unable to keep your appointment, please notify both your physician's office and the Cardio-Respiratory Services department as soon as possible at the number listed above.

DIRECTIONS:

Once on site, kindly proceed to the sixth floor and check in at the **South or North Wing:-Cardio-Respiratory Services Reception Desk, as specified at the time of appointment booking.**