



**NORTH  
YORK  
GENERAL**  
*Making a World  
of Difference*

**Cardiology, Respiratory  
& Neurology Services**  
**REQUISITION**

FORM PS253

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Rev. 06/2021

Patient LABEL / Identification Area

**All relevant information below *MUST* be provided at time of booking appointment**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone #: \_\_\_\_\_  
(last, first) (DD/MM/YY)  
 HC # \_\_\_\_\_ Gender: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Billing #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Copy to: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_  
 Clinical Information: \_\_\_\_\_

**CARDIOLOGY TESTS 416-756-6064 Fax 416-756-6066**

**EXERCISE STRESS TEST:**

Graded Exercise Stress Test \*\*

**AMBULATORY MONITORING:**

Holter Monitor Recording  24 Hour  48 Hour

72 Hour  14 days  14 days x 2 (4-6 weeks apart)

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)

**PULMONARY TESTS 416-756-6623 Fax 416-756-6691 (Patients must call 416-756-6920 for prep instructions)**

**\*\*HEMOGLOBIN LEVEL:** \_\_\_\_\_ (Required for all adult patients for Pulmonary Function)\*\*

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: may be converted to a Home Oxygen Assessment, if significant oxygen desaturation is noted during testing)

**NEUROLOGY TESTS 416-756-6064 Fax 416-756-6066**

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 directions and pre-test Instructions**

*Please see over →*

## CARDIO-RESPIRATORY NEUROLOGY SERVICES

Tel: (416) 756-6064 / (416) 756-6623 Fax: (416) 756-6066 / (416) 756-6691

### General Site

4001 Leslie Street, Toronto, ON M2K 1E1  
6<sup>TH</sup> Floor, South Wing

[www.nygh.on.ca/crn](http://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(s) listed above.

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

We will attempt to contact the patient 48-72 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 \*\* on the requisition form, we require patient to fast for the day of the exam and discontinue all caffeinated products. Patient may need to discontinue certain specific types of medications prior to the appointment. Please contact the referring physician's office or our department, at least 48 hours prior to your appointment if you need more information.

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 at least 15-30 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 scheduled appointment, please notify both your physician's office and the department at the number listed above.

### **DIRECTIONS:**

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