NORTH YORK GENERAL
Making a World of Difference

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

Cardiology, Respiratory & Neurology Services

REQUISITION

FORM PS253 **Page 1 of 2** **Rev. 06/2021**

Patient LABEL / Identification Area

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

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

HC # _____ Gender: _____

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 ☐ 14 days x 2 (4-6 weeks apart)

☐ Ambulatory Blood Pressure Monitor ($64 fee)

NUCLEAR CARDIOLOGY IMAGING:

Myocardial Perfusion Imaging ** (see back)

☐ with Exercise Stress (continue meds) ☐ Y ☐ N

☐ with Pharmacological Stress (☐ Persantine® ☐ DOBUTamine)

☐ Radionuclide Angiogram (Rest MUGA)

☐ (Rest Thallium) Myocardial Viability Imaging

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 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

☐ 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 ⟶

Approved By: Manager, Cardiorespiratory Services; Date: 06/2021; (Archive: 06/18;05/13)

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
6TH Floor, South Wing

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.**