



DIAGNOSTIC IMAGING DEPARTMENT  
**ECHOCARDIOGRAPHY REQUISITION**

**Scans are by appointment only. PLEASE FAX TO (613) 354-4331 PHONE 354-3301 (EXT 263)**

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Gender:  Male  Female  Other  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

**SYMPTOM(S) (Check all that apply):**

- Chest Pain
- Dyspnea
- Palpitations
- Hypertension
- Peripheral Edema
- Arrhythmia
- Syncope
- Heart Failure
- Other: \_\_\_\_\_

**INDICATION (Check all that apply):**

- LV Function
- RV Function
- Native Valve Disease
- Cardiac Source of Embolus
- Endocarditis
- Cardiac Masses
- Pericardial Disease
- Murmur
- Suspected Structural Heart Disease
- Pulmonary Hypertension
- Congenital Heart Disease: \_\_\_\_\_
- Other: \_\_\_\_\_

**PERTINENT HISTORY (include type/size of prosthetic valve if applicable):**

**PRIORITY:**

- Routine
- Urgent (appointment will be scheduled based on triage assessment by an Internist)
- Emergent *\*\* please call the Internist on duty to facilitate an emergent exam booking after faxing the requisition \*\**

Date of Referral: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Appointment Date:	(DD/MM/YY) Time:	Date Received:	Date Notified:



## ECHOCARDIOGRAM GUIDELINES

### Usual indications:

- Heart Murmur
- Native Valvular Stenosis
- Known or suspected mitral valve prolapse
- Congenital or inherited Cardiac Structural Disease (including Bicuspid Aortic Valve, Marfan's Syndrome, Atrial Septal Defect, Ventricular Septal Defect, Ehler's Danlos Syndrome)
- Prosthetic Heart Valves
- Infectious Endocarditis
- Pericardial Disease
- Cardiac Masses
- Interventional Procedures
- Pulmonary Disease
- Chest Pain and Coronary Artery Disease
- Dyspnea, Edema and Cardiomyopathy
- Hypertension
- Thoracic Aortic disease
- Neurologic or other possible Embolic Events
- Arrhythmias, Syncope or Palpitations
- Before Cardioversion
- Suspected Structural Heart Disease.

### Please give Instructions to patients:

- An echocardiogram is a safe and painless diagnostic procedure that uses high frequency sound waves to take moving pictures of the heart. Many measurements are taken during the test to determine how well your heart is working.
- No special preparations are required. Patients may eat and perform normal activities (unless otherwise instructed), and continue to take medications as prescribed by their physician.
- The test takes approximately 45 minutes to complete. A specially trained sonographer will perform the test.
- Patients should arrive 15 minutes before the appointment time.
- Ultrasound cannot be felt and does not hurt. If patients experience discomfort, they should notify the sonographer performing the test. There are no known harmful effects from diagnostic cardiac ultrasound.
- Patients will be weighed and blood pressure will be taken at the beginning of the test.
- Patients will be asked to lie on the examining table on their left side during the test and a series of images and measurements will be acquired over the course of the 45 minutes.
- Although the sonographer performing the test can see what is occurring with the patient's heart, he/she cannot provide any information. The test must be read and interpreted by the cardiologist who will then send a report to the physician who requested the test. That physician will provide patients with the results of the test.

*We are located on the main level (enter through the main front entrance and ask Information Desk for directions); you will be directed to the Emergency Room receptionist who will notify the Diagnostic Imaging department of your arrival. If you have any further questions please call 613-354-3301 Ext. 263*