



Patient Requisition Form

NAME OF PATIENT

PHONE NUMBER

ADDRESS

CITY

PROVINCE

POSTAL CODE

DATE OF BIRTH (YYYY/MM/DD)

OHIP NUMBER

REFERRING PHYSICIAN

REFERRING PHYSICIAN'S SIGNATURE

REFERRING PHYSICIAN'S BILLING NO.

DATE REFERRED

FAMILY DOCTOR

CHECK FOR CONSULTATION IF INDICATED BY ABNORMAL TEST RESULTS:

Test Requests:

- ECG
- Exercise Stress Test
- Echocardiography
- Stress Echocardiography
- Contrast Echocardiography
- Ambulatory Blood Pressure Monitor

- Holter Monitor
 - ... 24 hour
 - ... 48 hour
 - ... 2 Week

- Intravenous Therapy
 - ... Sodium EDTA Chelation
 - ... Myers Cocktail
 - ... Iron Infusions

REASON FOR ECHOCARDIOGRAPHY

PATIENT HISTORY

Ambulatory Blood Pressure Monitoring (Interpreted) is \$45.00 payable before test by cash, debit, Visa or MasterCard. Please fax this completed form to our office at 705-735-4684. South Simcoe Cardiac Services will notify the patient of their appointment directly.

Address

370 Bayview Drive, Suite 118
Barrie, Ontario L4N 7L3

Website

www.southsimcoecardiac.com

Medical Office

705.735.4682

Cardiac Services

705.735.4685

Fax

705.735.4684