

# WHITBY CARDIOVASCULAR INSTITUTE

3020 Brock Street North, Whitby, Ontario L1R 3J7  
Telephone: (905) 666-9504  
Fax: (905) 668-8778  
www.whitbycardiovascular.com

DIRECTIONS:  
North West corner of Brock Street North  
and Rossland Road

## LABORATORY REQUISITION FORM

**PLEASE REMEMBER TO BRING YOUR HEALTH CARD**  
These tests do not require any prior preparation. Please wear comfortable clothing

### PATIENT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

HEALTH CARD: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S NUMBER: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PROVISIONAL DIAGNOSIS: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

### PLEASE CHECK SERVICE REQUIRED

1. 2D Echo & Cardiac Doppler ☐

2. **Stress-Echo**

**All urgent Stress-Echo done with Consultation**

Screening for Chest Pain.

Rule-out and assessment of Coronary Arterial Disease ☐

3. **Cardiopulmonary Stress Test**

Evaluation of Dyspnea and/or Chest Tightness

or for Exercise Prescription ☐

4. (a) 14 day Cardiac Loop Monitoring Recorder ☐

(b) 48 Hour Holter Monitor ☐

5. **Ambulatory Blood Pressure** (Done with consult) ☐

6. **Cardiac Rehabilitation Program** ☐

## Indication for Vascular Testing

Whitby Cardiovascular Institute is a licenced Independent Health Facility (IHF). As required by the IHF regulations, please complete this form to assist us in providing you with an accurate result based on the reason for ordering this test using the indications for each of the below-mentioned diagnostic services.

### Reason For Ordering This Test

☐ **CAROTID AND VERTEBRAL DOPPLER**

Transient Ischemic Attack (TIA) ☐

Amaurosis Fugax ☐

Stroke ☐

Vertigo/Dizziness ☐

Carotid Bruit ☐

Asymptomatic Pre/post-op ☐

Asymptomatic High Risk ☐

Carotid Intima Media Thickness ☐

☐ **PERIPHERAL ARTERIAL DOPPLER**

Bypass Graft ☐

Bruit/Decreased Pulses ☐

Claudication ☐

Resting Pain ☐

Right ☐ Left ☐ Upper Extremity ☐ Lower Extremity ☐

Digital Cyanosis ☐

Ulcer/Gangrene ☐

Surgical Follow-up ☐

Arm Pain ☐

☐ **VENOUS COLOUR DOPPLER**

Leg pain and tenderness ☐

Leg swelling ☐

Leg Discolouration ☐

Arm Pain/Swelling ☐

Right ☐ Left ☐ Upper Extremity ☐ Lower Extremity ☐

Positive Homan's sign ☐

Dyspnea, tachypnea, chest pain ☐

Tachycardia, Haemoptysis ☐

Palpable cord ☐

**Whitby Cardiovascular Institute - Please fax completed form immediately to (905) 668-8778**