

# KMH CARDIOLOGY CENTRES INC.

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

## LOCATIONS

### Burlington

3155 Harvester Road  
Suite 106  
Burlington, Ontario  
L7N 3V2

### Hamilton

35 Upper Centennial Parkway  
Suite 3G  
Stoney Creek, Ontario  
L8J 3W2

### Kitchener

751-B Victoria St. S.  
Suite 108  
Kitchener, Ontario  
N2M 5N4

### Markham

50 Minthorn Blvd.  
Suite 101  
Markham, Ontario  
L3T 7X8

### Mississauga

2075 Hadwen Road  
Mississauga, Ontario  
L5K 2L3

### North York

1310 Don Mills Road  
Suite 5  
North York, Ontario  
M3B 2W6

### Scarborough

55 Town Centre Crt.  
Suite 109  
Scarborough, Ontario  
M1P 4X4

### St. Catharines

180 Vine Street South  
Suite 106  
St. Catharines, Ontario  
L2R 7P3

### Toronto

236 Avenue Road  
Toronto, Ontario  
M5R 2J4

### Woodstock

437 Norwich Ave.  
Woodstock, Ontario  
N4S 3W4

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Third Party Payor: \_\_\_\_\_ Claim #: \_\_\_\_\_  
(if applicable)

Health Card #: \_\_\_\_\_

☐ **URGENT**  
(Check if applicable)

Reason: \_\_\_\_\_

1. Please complete form and fax to KMH and give to patient to bring to appointment.
2. See back for patient instructions.

★ **48 Hour Notice is Required For Cancellation ★**  
**Please Bring Your Health Card and This Requisition Form**

☐ **CONSULT**    ☐ **CONSULT, If test result is positive/abnormal and clinically indicated for complete evaluation**  
**Required for consults:** previous ECG'S, blood work, and prior cardiac history with this requisition.

## NUCLEAR CARDIOLOGY

### MYOCARDIAL PERFUSION

- ☐ EXERCISE                      ☐ PERSANTINE  
  (Unable to exercise)
- ☐ EXERCISE OR PERSANTINE
- ☐ DOBUTAMINE

### VENTRICULAR FUNCTION (MUGA)

- ☐ REST

### VIABILITY STUDY (THALLIUM)

- ☐ REST

**Physician's Note: Please inform the patient regarding the discontinuation of Beta blockers, Calcium blockers and erectile dysfunction medication 48 hours prior to test and Cialis 96 hours prior to test.**

## CARDIOLOGY

☐ GRADED EXERCISE TEST

☐ RESTING ECG

HOLTER MONITOR

☐ ECHOCARDIOGRAPHY\*

☐ BUBBLE ECHO  
WITH SALINE CONTRAST

☐ 24 HRS.    ☐ 48 HRS.    ☐ 72 HRS. \_\_\_\_\_

STRESS ECHOCARDIOGRAPHY\*

- ☐ EXERCISE    ☐ PERSANTINE  
☐ DOBUTAMINE

☐ CAROTID ULTRASOUND  
(Mississauga Only)

CARDIOSTAT (Wireless ECG Monitor)

☐ 14 DAYS

AMBULATORY BLOOD PRESSURE MONITOR (\$75)

☐ DIAGNOSIS    ☐ FOLLOW UP

\*Definity® administration if indicated.

## NUCLEAR MEDICINE

### CNS

- ☐ CEREBRAL PERFUSION  
SCAN (SPECT)

### BONE SCAN

- ☐ TOTAL BODY  
☐ SPECIFIC SITES:  
\_\_\_\_\_

### G.I.

- ☐ LIVER/SPLEEN SCAN  
☐ LABELLED RED BLOOD  
CELL LIVER SCAN  
☐ GASTRIC EMPTYING  
STUDY  
☐ ESOPHAGEAL TRANSIT  
STUDY  
☐ SALIVARY SCAN  
☐ BILIARY SCAN

### RENAL SCAN

- ☐ RENAL SCAN  
☐ RENAL SCAN WITH  
LASIX  
☐ RENAL CORTICAL SCAN  
☐ RENAL SCAN WITH  
CAPTOPRIL

### ENDOCRINE (Toronto Only)

- ☐ THYROID  
☐ UPTAKE ONLY  
☐ SCAN ONLY  
☐ SCAN & UPTAKE  
☐ PARATHYROID SCAN

### MISCELLANEOUS

- ☐ OTHER:  
\_\_\_\_\_

## HISTORY/REASON FOR TEST

## REFERRING PHYSICIAN INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

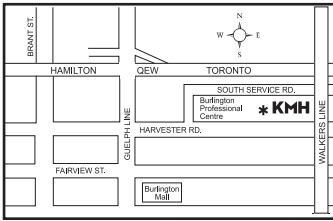
Referring Physician Stamp: \_\_\_\_\_

Billing #: \_\_\_\_\_ CC Physician: \_\_\_\_\_

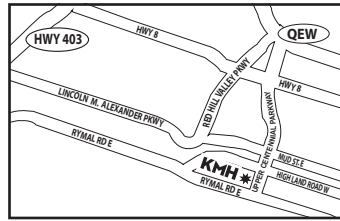
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (optional) \_\_\_\_\_

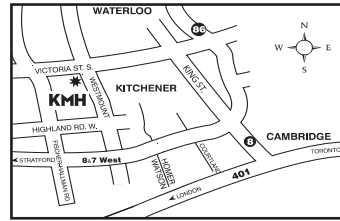
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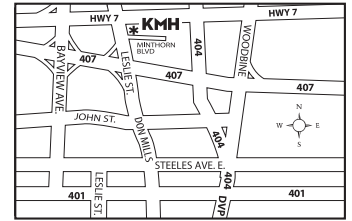
**Burlington**



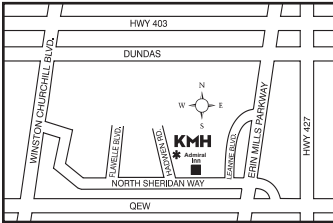
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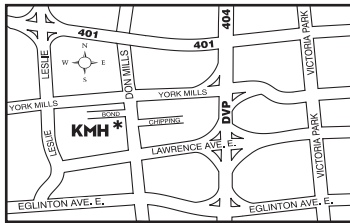
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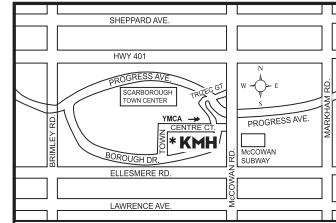
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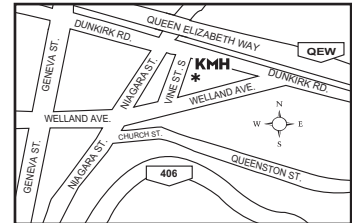
**Mississauga**



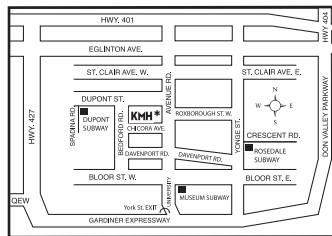
**North York**



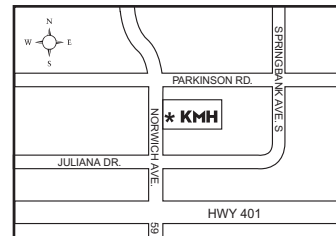
**Scarborough**



**St. Catharines**



**Toronto**



**Woodstock**

## CARDIOSTAT (CONTINUOUS ECG MONITOR)

1. **CardioSTAT is a single-use, long term continuous ECG monitor** that is 9mm thick and about the size of a large bandage (142mm by 40mm) with no wires.
2. **CardioSTAT is showerproof.** Patients can maintain their daily hygiene routine without interrupting the recording.
3. **No return appointment necessary.** Once the recording period is completed, the patient simply returns the monitor using a pre-stamped envelope.

## NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast/lunch and then nothing to eat or drink (except sips of water for medications) for 3 hours prior to the study. No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, herbal teas, chocolate products, soda pop or medications containing caffeine [Tylenol 1/2/3, Lenoltec 1/2/3]).
2. Bring comfortable shoes. t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your physician** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The SPECT Cardiolite protocol consists of 2 parts. The first portion lasts approximately 2-3 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes.
5. Please bring a snack to eat once the test is completed.

## HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

## NUCLEAR MEDICINE PATIENT INSTRUCTIONS

1. **Biliary Scan & Esophageal Transit Study:** Nothing to eat or drink for at least 4 hours prior to study. The biliary study will take approximately 2 hours and 30 minutes. The esophageal transit study will take approximately 30 minutes.
2. **Bone scan:** The bone scan protocol consists of 2 parts. The first portion lasts approximately 30 minutes. The patient can then leave the clinic, but must return 2-4 hours later for imaging, which lasts 1-1.5 hours. Patient must drink plenty of fluids during the break for optimal imaging results.
3. **Thyroid Scan:** Check with your physician regarding medication and supplements. Bring a list of current medications to your appointment. The study will take approximately 1 hour.
4. **Thyroid Uptake:** Nothing to eat or drink for at least 4 hours prior to study. Thyroid medication or food containing iodine will affect the results. Check with your physician regarding thyroid medication and supplements. Avoid xray using iodine-based contrast for 3 weeks prior to the study. Bring a current list of medications. The study takes 2 days (each day takes 15 minutes): on Day 1, a capsule is taken orally; on Day 2, the measurement is taken.
5. **Captopril Renal Scans:** Consists of 2 days. Nothing to eat 4 hours prior to study on both days. Drink 4 glasses of water 1 hour prior to study on both days. Check with your physician regarding possible discontinuation of medication. Day 1 lasts approximately 1 hour and 15 minutes. Day 2 lasts approximately 45 minutes.
6. **Gastric Emptying Study (Solid):** Nothing to eat or drink for at least 6 hours prior to the study, preferably after midnight before an AM appointment. The gastric emptying study (solid) will take approximately 4 hours and 30 minutes.