

Echocardiography Requisition

Contact phone & fax numbers – page 2 (revised February 2022)



Ordering Physician: _____

(Print full name)

MSP Billing #: _____

Physician Phone: _____ Fax: _____

Copies to: _____

Physician Signature: _____

Date Signed: _____

Patient First Name:

Last Name:

PHN:

Prov:

DOB:

Age:

Sex: M F Intersex Unknown

Street Address/City/Prov/Postal Code:

PHONE #'s:

URGENCY

- STAT (notify department – see reverse)
- Urgent/Semi-Urgent
- Routine
- Timed _____
- Adult Pediatric (≤ 17 years)
- OUTPATIENT
- INPATIENT unit & room _____

EXAM Requested

- Standard Echo (TTE)
- Bubble Study (≤65 years)
- Enhancement Contrast
- Inpatient TEE
- Outpatient TEE
- Stress* Echo Recline Bike (default exercise echo; weight limit 140kg)
- Stress* Echo Treadmill (CRG only)

Infections: VRE/MRSA/C-Diff/TB

Droplet Precaution: Yes No

Alerts: V-Patient / Purple dot

On Inotropes _____

***Stress Echo: Required documents**

Requisition, consult note, ECG or treadmill report, height and weight

Inform patient if necessary to hold Beta Blocker for Stress Echo

For Booking Office Use

Appointment Booked (Location/Date/Time): _____

Complete This Section For ALL Patients

Reason for Exam: _____

Mobility

- Portable
- Stretcher
- Wheelchair
- Oxygen
- Independent

Height and Weight MUST Be Indicated Below

Allergies: _____ Height: _____ Weight: _____ ≥ 300 lbs or 136 kg

Symptoms

- Shortness of Breath
- Palpitations
- Chest pain
- Fatigue
- Syncope
- Other (specify) _____

Murmur

- Systolic Diastolic

Aortic

- Stenosis Regurgitation
- Repair Bicuspid

Pulmonary

- Stenosis Regurgitation

Mitral

- Stenosis Regurgitation
- Repair Prolapse

Tricuspid

- Stenosis Regurgitation

Systemic Hypertension

- Pulmonary Hypertension
- Heart Failure
- Cardiomyopathy Dilated Hypertrophic Restrictive
- Left Ventricular Hypertrophy
- Left Ventricular Dysfunction
- Right Ventricular Dysfunction
- Diastolic Dysfunction
- Dysrhythmia Atrial fibrillation Other _____

Risk Factors

- Diabetes Other _____

Valve Prosthesis

- Aortic Mitral
- Tricuspid Pulmonic

Type: _____
 Manufacturer _____
 Size: _____
 Implant date: _____

Myocardial Infarction - Date: _____

- Anterior Inferior Unknown

Coronary Artery Bypass Graft Date: _____

Embolus - Source _____

Congenital Defect - attach report

Other Indications

- Trauma
- Pregnant
- Infective Endocarditis
- Aortic Aneurysm
- Transplant – type: _____
- Pericardial Disease
- Pericardial Effusion
- Chemotherapy
- CAD

Last Echo DATE: _____ Previous EF: _____%

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Adult Echocardiography		
South Island Echo Booking EchoBookingSouthIsland@islandhealth.ca		
<ul style="list-style-type: none"> • Royal Jubilee Hospital (RJH): Adult Transthoracic Echocardiograms (TTE), Bubble Studies, Enhancement Contrast, Inpatient and Outpatient Transesophageal Echocardiograms (TEE), Stress Echocardiograms • Victoria General Hospital (VGH): Adult Transthoracic Echocardiograms • Saanich Peninsula Hospital (SPH): Adult Transthoracic Echocardiograms 		
RJH Inpatient Echo RJH/VGH/SPH Echo Reports	Phone: 250- 519-1550 (18307)	Fax: 250-519-1746 (11746)
RJH Inpatient / Outpatient TEE Dobutamine Stress Echo	Phone: 250- 519-1550 (18307)	Fax: 250-519-1746 (11746)
RJH Outpatient Echo	Phone: 250- 519-1550 (12527)	Fax: 250-370-8495 (18495)
VGH/SPH Outpatient Echo	Phone: 250- 519-1550 (12488)	Fax: 250-370-8495 (18495)
RJH Inpatient Stress Echo and Outpatient Stress Echo	Phone: 250- 519-1550 (12655)	Fax: 250-370-8495 (18495)
VGH Inpatient Echo	Phone: 250-727-4440 (14440)	Fax: 250-727-4520 (14520)
SPH Inpatient Echo	Phone: 250-544-7676 (22501)	Fax: 250-727-4520 (14520)
Central Island Echo Booking EchoBookingCentrallIsland@islandhealth.ca		
<ul style="list-style-type: none"> • Nanaimo Regional General Hospital (NRGH): Adult Transthoracic Echocardiograms (TTE), Bubble Studies, Stress Echocardiograms, Inpatient and Outpatient Transesophageal Echocardiograms (TEE), • Cowichan District Hospital (CDH): Adult Transthoracic Echocardiograms • Oceanside Health Centre (OHC): Adult Transthoracic Echocardiograms 		
NRGH Outpatient Echo, Stress and TEE	Phone: 250-716-7772 (52805)	Fax: 250-740-6969 (56969)
NRGH Inpatient Echo	(52292)	
CDH Outpatient Echo	Phone: 250-716-7772 (52804)	Fax: 250-740-6969 (56969)
CDH Inpatient Echo	Phone: 250-737-2030 (45462)	Fax: 250-737-2606 (42606)
OHC Outpatient Echo	Phone: 250-716-7772 (38112)	Fax: 250-740-6969 (56969)
North Island Echo Booking EchoBookingNorthIsland@islandhealth.ca		
<ul style="list-style-type: none"> • North Island Hospital Comox Valley (CVH): Adult Transthoracic Echocardiograms, pediatric echocardiography (ages 5-17 years) • North Island Hospital Campbell River & District (CRG): Adult Transthoracic Echocardiograms, Stress Echo Treadmill (Internist/Cardiologist Referrals only) 		
CVH Inpatient and Outpatient Echo	Phone: 250-331-5900 (65377)	Fax: 250-331-8663
CRG Inpatient and Outpatient Echo	Phone: 250-286-7100 (67389)	Fax: 250-331-8663
Pediatric Echocardiography		
Victoria General Hospital (VGH) Pediatric Echo: Age 17 and under	Phone: 250-727-4299 (14299)	Fax: 250-727-4211 (14211)