

**Alfi Moris Beshay, MD, MSc, FRCP(C)**  
Internal Medicine & Cardiovascular Disease

## Cardiac Diagnostics Requisition

### Patient Information

|               |            |
|---------------|------------|
| Name:         | Phone No.: |
| OHIP No.:     | DOB:       |
| Referring Dr: | Phone No.: |

### Clinical History

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### Medications

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### Diagnostic Test Required

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|                                                                                                                                                                                    | <b>EKG</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Exercise Stress Test</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Evaluation of exercise capacity <input type="checkbox"/> Others                                                                                                                                                                                                          |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Holter Monitoring</b> <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Loop/Event Recorder EKG Monitoring</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Echocardiography</b><br><input type="checkbox"/> Evaluation of Systolic Function <input type="checkbox"/> Evaluation of Diastolic Function <input type="checkbox"/> Evaluation of LV Hypertrophy<br><input type="checkbox"/> Evaluation of Valvular Structure • Mitral • Aortic • Tricuspid • Pulmonary <input type="checkbox"/> Evaluation of ischemia & CAD.<br><input type="checkbox"/> Others: |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Ambulatory BP Monitoring</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Effect of treatment <input type="checkbox"/> R/O hypotension episodes                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <table><tr><td><b>• Pharmacological Myocardial Perfusion Scan</b><br/><input type="checkbox"/> Diagnosis of CAD    <input type="checkbox"/> Post MI Stratification<br/><input type="checkbox"/> Others</td><td><b>• Exercise Myocardial Perfusion Scan</b><br/><input type="checkbox"/> Preoperative evaluation</td></tr></table>                                                                     | <b>• Pharmacological Myocardial Perfusion Scan</b><br><input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification<br><input type="checkbox"/> Others | <b>• Exercise Myocardial Perfusion Scan</b><br><input type="checkbox"/> Preoperative evaluation |
| <b>• Pharmacological Myocardial Perfusion Scan</b><br><input type="checkbox"/> Diagnosis of CAD <input type="checkbox"/> Post MI Stratification<br><input type="checkbox"/> Others | <b>• Exercise Myocardial Perfusion Scan</b><br><input type="checkbox"/> Preoperative evaluation                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                 |
|                                                                                                                                                                                    | <b>Spirometry</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                                                                                                 |

Physician Signature:

Date: