

CARDIAC STRESS TEST REQUISITION

Family Name Sample Given Names Patient Beta
 Address 123 Main St. Apt. 218 Dartmouth, NS B2B2B2 Phone # (902) 555-0248 work
 Date of Birth (MM/DD/YY) 03/14/1982 NSHC # 0001 000 009
 Referring Physician(s) DR. REQUESTING PHYSICIAN Date 2014/07/29

Please Check ()

FOR DIAGNOSIS (IHD NOT PREVIOUSLY KNOWN OR DOCUMENTED)

*NTG to be held on test-day

*Rate-control meds to be held for 24 hrs, unless necessary to control high BP

- Typical angina, resting ECG not diagnostic for IHD (I)
- Atypical symptoms, resting ECG not diagnostic for IHD (II)
- Asymptomatic individual with a high CAD risk profile planning exercise program (III)
- Other (explain):

FOR PROGNOSTIC EVALUATION (IHD PREVIOUSLY KNOWN/DOCUMENTED)

*All meds (incl. NTG) to be continued on test-day

- Early post Myocardial Infarction/UA sub-maximal EST (pre-discharge) (I)
- Angina progression with or without new ischemic ECG abn?s by comparison to earlier ECG?s. (I)
- Atypical symptoms with or without diagnostic ECG changes. (II)
- Return to work, activity prescription post-recovery from MI/UA (6-8 wks) (II)
- Evaluation of medical therapy (isch. Threshold, functional class of exercise capacity) (III)
- To assess the result of intervention/CABG in selected high-risk groups (i.e. sub-optimal result, multiple stents, multi-vessel disease, diabetes, etc.) (III)
- Other (explain):

Please check with specialist (before sending requisition) if your patient has:

Aortic stenosis, clinical CHF, LBBB, pacemaker, WPW, severe claudication/walking disability.

For ECG Lab use:

- Patient to bring drugs/list on test-day.
- Patient to shave chest (discussed) and wear soft sole shoe (sneakers).

Please Note: Incomplete forms will not be processed.



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