



Echocardiography Requisition

Contact phone & fax numbers – page 2 (revised Oct 10/2017)

Ordering Physician: _____

(Print full name)

MSP Billing #: _____

Physician Phone: _____ Fax: _____

Copies to: _____

Physician Signature: _____

Date Signed: _____

Patient Name: _____

PHN: _____

Prov: _____

DOB: _____

Age: _____

Sex: M F

Street Address/City/Prov/Postal Code: _____

PHONE #'s: _____

URGENCY

- STAT Inpt (call physician on call for OP)
- Urgent / Semi-Urgent
- Routine
- Timed _____
- Adult Paediatric (≤ 17 years)
- OUTPATIENT
- INPATIENT unit & room _____

EXAM Requested

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

Infections: VRE/MRSA/C-Diff/TB

Droplet Precaution: Yes No

Alerts: V-Patient / Purple dot

On Inotropes _____

***Stress Echo attach documents**
i.e. ECG, consult note, treadmill report

Hold Beta Blocker for Stress Echo

For Booking Office Use

Appointment Booked (Location/Date/Time): _____

Ordering physician to notify patient of appointment: _____ Patient Aware: _____

Reason for Exam: _____

Mobility

- Portable
- Stretcher
- Wheelchair
- Oxygen
- Independent

Allergies: _____

Height: _____

Weight: _____

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: _____%

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management & disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* & when applicable the *Freedom of Information & Protection of Privacy Act* and may be used & disclosed only as provided by those Acts.



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ADULT ECHO

Royal Jubilee Hospital (RJH)	Transthoracic Echo (TTE), Bubble Study, Contrast/Enhancement
• Outpatient Echo	Phone: 250- 519-1550 Fax: 250-370-8495 (18495) In-house Ext: 13069
• Inpatient Echo	Phone: 250-370-8307 (18307) Fax: 250-519-1746 (11746)
Stress Echocardiogram	
• Outpatient	Phone: 250-519-5300 Ext. 12655 Fax: 250-370-8495
TEE (Transesophageal Echocardiogram) & Dobutamine	
• Outpatient	Phone: 250-370-8457 (18457) Fax: 250-370-8978 (18978)
• Inpatient	Phone: 250-370-8307 (18307) Fax: 250-519-1746 (11746)
Echocardiography Reports	Phone: 250-370-8307 (18307) Fax: 250-519-1746

Victoria General Hospital (VGH) Adult	Transthoracic Echo (TTE)
• Outpatient Echo	Phone: 250-519-1550 (13069) Fax: 250-370-8495
• Inpatient Echo	Phone: 250-727-4440 (14440) Fax: 250-727-4520 (14520)

Cowichan District Hospital (CDH)	Transthoracic Echo (TTE)	(NRGH Booking office)
• Outpatient Echo	Phone: 250-716-7772	Fax: 250-740-6969
• Inpatient Echo	In-house Ext: 52804	Fax: 250-737-2606

Nanaimo Regional General Hospital (NRGH) Transthoracic (TTE), Bubble, Stress Echo, TEE	
• In & Outpatient Echo	Phone: 250-716-7772 Fax: 250-740-6969 (56969) In-house Ext: 52804

Campbell River General (CRGH)	Transthoracic Echo (TTE), Stress Echo (Internist/Cardiologist Referrals only)
• In & Outpatient Echo	Phone: 250-286-7100 Fax: 250-286-7104 In-house Ext: 67389

Comox Valley Hospital (CVH)	Transthoracic Echo (TTE)
• In & Outpatient Echo	Phone: 250-331-5900 Fax: 250-331-5904 In-house Ext: 65377

PAEDIATRIC ECHO

Victoria General Hospital (VGH)	Age 17 and under done only at VGH
• Paediatric Echo	Phone: 250-727-4299 (14299) Fax: 250-727-4211 (14211)
