

CARDIOLOGY DIAGNOSTICS

Charlton Campus, Martha Building, Level 0
50 Charlton Ave East, Hamilton, Ontario L8N 4A6

Voice 1. **905-521-6082**
Voice 2. **905-521-6073**
Fax **905-521-6086**

Name: _____

Address: _____

Phone : _____

Birthdate: (yy/mm/dd) _____

Health Card Number: _____

Physican: _____

Copies: _____

Appointment Date: _____

Appointment Time: _____

(Required) Physician's Signature: _____

STAT REPORT

- | | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--|
| Myocardial Infarction? | <input type="checkbox"/> Anterior | <input type="checkbox"/> Inferior | <input type="checkbox"/> Lateral | Height: _____ |
| Hemodynamically Significant CAD? | <input type="checkbox"/> LAD | <input type="checkbox"/> CIRC | <input type="checkbox"/> RCA | |
| Coronary Bypass Surgery/PCI? | <input type="checkbox"/> LAD | <input type="checkbox"/> CIRC | <input type="checkbox"/> RCA | Weight: _____ |
| Valve Replacement? | <input type="checkbox"/> Aortic | <input type="checkbox"/> Mitral | <input type="checkbox"/> Other | <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Mechanical |
| Hypertension hx? | <input type="checkbox"/> | | | |

- ECG**
- 24 hr Ambulatory ECG Recording**
- 48 hr Ambulatory ECG Recording**
- 14 day Event Recording**
- 28 day Event Recording**
- Palpitations?
- Presyncope? Syncope? Dizziness?
- Efficacy of Anti-arrhythmic Therapy?
- Silent Ischemia?
- Other: _____

- Transthoracic Echocardiogram**
- Transesophageal Echocardiogram**
- LV Size & Function?
- RV Size & Function?
- Pulmonary Artery Pressure?
- Valvular Disease?
- Prosthetic Valve Function?
- Other: _____
- Abnormal ECG? Murmur?
- Hypertensive Heart Disease?
- Cardiac Source of Embolus?
- Endocarditis?
- Pericardial Effusion?

- 24 hr Ambulatory Blood Pressure Monitor**
- Efficacy of Anti-Hypertensive Therapy?
- Hypertension?

- Treadmill Exercise Stress Test**
- Exercise Perfusion Study**
- Dobutamine Perfusion Study**
- Persantine Perfusion Study**
- Rest & Exercise (Semi-recumbent bicycle) RNA**
- Rest & Dobutamine RNA**
- Resting RNA (LV & RV function)**
- Rest-Redistribution (Viability) Study**

- Ischemic Chest Pain?
- Ischemia Post ACB? PCI?
- Assessment of AoV? MV?
- Efficacy of Anti-anginal Therapy?
- Inducible Arrhythmia?
- Inducible Wall Motion Abnormalities?
- Ischemia Post MI?
- Exercise Tolerance?
- LV and/or RV Function & EF?
- Myocardial Viability?
- Other: _____
- Beta-Blocker? Yes Nofor test On Off
- Diltiazem? Yes Nofor test On Off
- Verapamil? Yes Nofor test On Off
- Digoxin? Yes Nofor test On Off

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CARDIOLOGY

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NUCLEAR MEDICINE

KAREN GULENCHYN MD FRCPC ABR
WILLIAM WONGPACK MD FRCPC ABR

CARDIOLOGY DIAGNOSTICS PATIENT INSTRUCTIONS

ECG, Holter Monitor, Event Recorder, Echocardiogram

- No preparation

Blood Pressure Monitor

- Short sleeve must be worn
- There is a fee to be paid at Patient Accounts in front lobby of the hospital
- Prior to test proceed to patient accounts to pay the fee

Transesophageal Echocardiogram

- Nothing to eat or drink after midnight
- You will receive sedation and therefore not be able to operate a vehicle
 - Please make arrangements for transportation
- Medications as instructed by doctor

Treadmill Exercise Stress Test, Exercise Perfusion Study, Dobutamine, Persantine, RNA

- No caffeine (coffee, tea, soda, chocolate)
- Nothing to eat 3 hours prior to test
- Bring comfortable walking shoes
- Medications as instructed by doctor

Resting RNA

- No preparation

If diabetic please call our office for fasting instructions.

Please allow time for parking.

**Cardiology Diagnostics
Martha Building, Level 0
905 521-6082 / 905 521-6073**

**Please call our office to cancel or change your appointment.
Thank-you.**