advanced echo lab
Midtown Medical Specialists

Request for Echocardiography

Patient's Details:

First Name | Last Name | Sex M

Date of Birth | Phone | P.H.N

Address

Diagnosis / Clinical History:

- [ ] Dyspnea
- [ ] Arrhythmia
- [ ] Syncope
- [ ] Edema
- [ ] LV Function Assessment
- [ ] Cardiomyopathy
- [ ] Mitral Valve prolapse
- [ ] Stroke/ TIA
- [ ] Native Valve Assessment
- [ ] Prosthetic Valves
- [ ] Pericardial Disease
- [ ] Endocarditis
- [ ] Pulmonary hypertension
- [ ] COPD
- [ ] Congenital Heart Disease
- [ ] Abnormal ECG
- [ ] Dyssynchrony Assessment
- [ ] Preop Assessment
- [ ] Pre-renal Transplant
- [ ] Cardiomegaly
- [ ] Pre-Chemotherapy LV Function Assessment
- [ ] Post-Chemotherapy LV Function Assessment

Notes

Ref. MD | Copy to

Date | Study Date

Clear form | Email | Print

For **URGENT** (same day study and report) studies, please contact 306-757-2478

Please fax this form to 306-585-3993 or mail it to the address shown below. You may also e-mail this form to: contact@echo.ly

2275 Broad Street, Regina, SK S4P 1Y7 Phone: (306)-757-2478 - Fax: (306)-585-3993 URL: http://echo.ly Email: contact@echo.ly