

Request for Stress Echocardiography

Patient's Details:

First Name Last Name Sex

Date of Birth Phone P.H.N

Address

Diagnosis / Clinical History:

- Chest pain/ IHD.
- Nondiagnostic exercise stress test.
- Dyspnea evaluation (cardiac vs noncardiac).
- Pulmonary hypertension (exercise-induced).
- Screening for pulmonary arterial hypertension in systemic sclerosis.
- Abnormal ECG.
- Diastolic function/ Diastolic Stress Testing.
- Cardiomyopathies (dynamic assessment).
- Pre-operative assessment.
- Valvular heart disease assessment:
 - Mitral Stenosis (assess gradient)
 - Mitral Regurg. (ischemic vs. structural)
 - Prosthetic valve assessment

Notes

Ref. MD Copy to

Date Study Date

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