Brockville General Hospital

ECHOCARDIOGRAPHY/CARDIOVASCULAR SERVICES REQUISITION

PLEASE FAX COMPLETED REQ TO (613) 345-8330

As of August 2025

PATIENT INFORMATION

Last Name	First Name	Date of Birth	YYYY	MM	DD

Address	City	Postal Code

Phone	E-mail Address	Health Card Number	Ver Code

Clinical information ☐ Urgent ☐ Non-Urgent

☐ ECHOCARDIOGRAPHY

☐ Heart Murmur
☐ Valvular Regurgitation
☐ Valvular Stenosis
☐ Hypertension
☐ Neurologic or Other Possible Embolic Events
☐ Congestive Heart Failure
☐ Infective Endocarditis
☐ Edema
☐ Coronary Artery Disease
☐ Chest Pain
☐ Bubble Study (for PFO/ASD/VSD)
☐ Dobutamine Echo
☐ Stress Echo

☐ Cardiomyopathy
☐ Baseline LV function or periodic
Review when using cardiotoxic Drugs (chemotherapy)

Prosthetic Heart Valve(s)
Valve Type: ☐ Tissue ☐ Mechanical
Location:
☐ Aortic ☐ Mitral
☐ Tricuspid ☐ Pulmonic
Date (year): _____

☐ Known or suspected Mitral Valve Prolapse

☐ Pulmonary Disease
☐ Pulmonary Embolism
☐ Dyspnea
☐ Pericardial Disease
☐ Suspected Structural Heart Disease
☐ Cardiac Mass
☐ Palpitations / Arrhythmia
☐ Syncope
☐ Pre-Pacemaker / ICD
☐ Pre-Cardioversion
☐ Thoracic Aortic Disease
☐ Congenital or Inherited Structural Heart Disease

Cardiovascular Services

No Appointment Required
☐ Electrocardiogram (ECG)
☐ ECG with Rhythm Strip

By Appointment Only
☐ Holter Monitor

Short
☐ 24hrs ☐ 48hrs ☐ 72hrs

Long
☐ 7 Days ☐ 14 Days

Long Term Holter Indications (mandatory for 7 and 14 days Holters and patient must return on day 7 for 14 days Holters)

☐ Stroke/TIA investigations
☐ AF/PAF
☐ SVT
☐ Pauses
☐ Risk of Sudden Cardiac Death
☐ Syncope or Pre-Syncope episodes
☐ Infrequent Symptoms

CLINICIAN INFORMATION

Date of the Request (YYYY/MM/DD): _____/____/____

Requesting Clinician Name (PRINT First and Last Name)	Clinician Fax Number
Clinician Signature	**Clinician Phone Number**

REQUISITIONS WITHOUT A LEGIBLE NAME, SIGNATURE AND FAX NUMBER WILL BE RETURNED, WHICH MAY CAUSE DELAYS IN PATIENT CARE

Copy Report to (PRINT First and Last Name)	Copy to Fax Number

Cardiovascular USE ONLY

Echo Coding **P1:**_____ **Within 24 Hours** **P2:**____ **Within 1 Week** **P3:**____ **Within 1 Month** **P4:**____ **Elective**

Date (YYYY/MM/DD): _____/____/____ Time: _____ Confirmed: _____