CARDIORESPIRATORY REQUISITION

Huntsville District Memorial Hospital
100 Frank Miller Drive
Huntsville, ON, P1H 1H7
T: 705-789-2311 x2254
F: 705-788-1485

South Muskoka Memorial Hospital
75 Ann Street
Bracebridge, ON, P1L 2E4
T: 705-645-4404 x3241
F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name Last First

Address

Home Phone ( ) - Other Phone ( ) -

☐ **Do not contact patient.** Provide appointment date/time to referring provider.

DOB YYYY / MM / DD ☐ Male ☐ Female

OHIP

Isolation Precautions: ☐ Contact ☐ Droplet/Contact ☐ Airborne

Special Instructions (mobility, communication, etc): _____ ☐ Falls Risk ☐ Wheelchair req'd

Relevant Clinical History:

WSIB claim #: _____

Medication Lists:

Cardiac Tests

Holter Monitors with ECG for Baseline Rhythm

☐ 24 Hours Holter Monitoring

☐ 48 Hours Holter Monitoring

☐ 72 Hours Holter Monitoring

☐ 14 Day Holter Monitoring

☐ Ambulatory Blood Pressure Monitor
(*not covered by OHIP, $75 charge, only at SMMH)*

Respiratory Tests

☐ Pulmonary Function Test
- Spirometry (with bronchodilator)
- Diffusing Capacity
- Lung Volumes by Body Plethysmography
- Pulse Oximetry (Resting, Room Air)

☐ Spirometry (with Bronchodilator)

☐ Check if Bronchodilator not required for either test above

☐ Home Oxygen Assessment (*ABG & Oximetry w/ exertion)*

☐ Independent Exercise Assessment *(2 stage walk)*

☐ Exertional Oximetry / 6 Minute Walk

☐ Arterial Blood Gases
(Taken on room air_____ or _____ lpm oxygen)

Referring Provider:	Signature:	
Copies to:	Date:	OHIP Billing #:

These examinations must be booked; please fax to our office. Preparation will be given at time of booking.

Office use only: *VERSION: January 2020*

Incomplete: □ Patient Information □ Clinical History/indication □ Exam Requested □ Signature Refax to office _____	Appt Date: Appt Time:	Appt Date: Appt Time:	CERNER CODING	CERNER CODING