

DIAGNOSTIC IMAGING – ECHOCARDIOGRAM

Huntsville District Memorial Hospital
100 Frank Miller Drive
Huntsville, ON, P1H 1H7
T: 705-789-2311 x2242
F: 705-788-1485

South Muskoka Memorial Hospital
75 Ann Street
Bracebridge, ON, P1L 2E4
T: 705-645-4404 x3112
F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name (Last, First), Address, Home Phone, Other Phone, DOB, OHIP, and checkboxes for Male and Female.

Isolation Precautions: Contact, Droplet/Contact, Airborne. Special Instructions (mobility, communication, etc.): Falls Risk, Wheelchair req'd.

Priority: Inpatient Routine, Inpatient Urgent, Inpatient, Convert to Outpatient if Discharged, Routine Outpatient, Outpatient (<2 weeks), Urgent Outpatient (<48 hrs).

History:

With agitated saline (<55 years of age to r/o source of emboli). Previous Echocardiogram: Yes/No. Date and location of last Echo.

Please note: Contrast echocardiogram and Transesophageal echocardiogram requests are to be sent to RVH.

Indication for Study/Relevant Clinical History: R/O Cardiac source of emboli, CHF, Known CAD, Hypertension, Endocarditis, Murmur, Chest Pain, Prosthetic heart valve, Cardiomyopathy, R/O Effusion/Tamponade, Pre Pacemaker, Atrial Fibrillation, RVH Oncology, Presyncope/Syncope, Other.

CorHealth indication number: (Please refer to the CCN Standards of Echocardiography in Ontario 2015 or http://www.ccnecho.ca/UploadedFiles/files/CCN\_Echo\_Standards\_2015.pdf)

Referring Provider, Signature, Copies to, OHIP Billing #.

These examinations must be booked; please fax to our office.

Incomplete: Patient Information, Exam Requested, Printed name/CPSO, Clinical History, Signature. Office use only: Refaxed to office, VERSION: May 2021.