

Request Date (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Urgent     Routine

Consult     Cardiology     Respiriology     1<sup>st</sup> Available or Specific MD \_\_\_\_\_

Stress Test with Myocardial Perfusion Imaging (MPI)

*Higher sensitivity/specificity for ischemia than plain treadmill testing.*

- Exercise Stress (Patient must be able to safely exercise on treadmill.)
- Pharmacologic stress (No exercise required. No caffeine x48h prior to test.)

Echocardiogram (TTE)     Book cardiology consult if high-risk pathology identified     Repeat q \_\_\_\_ months

*Note: We can accommodate all ages (adult and pediatric).*

Plain stress testing (no perfusion imaging) (NOTE: Patient must be able safely exercise on treadmill.)

ECG (12-Lead)

Carotid Doppler

Ankle Brachial Index Testing

Holter Monitor     24h     48h     7 days     2 weeks

24 Hrs Ambulatory Blood Pressure

- PFT     Complete (Spirometry pre/post  $\beta$ 2-agonist, DLCO, volumes)
- Partial (Spirometry pre/post  $\beta$ 2-agonist, DLCO)
- Repeat PFT every \_\_\_\_ months

**Testing Site:**

Red Deer (all tests offered)

Drumheller (Can do ECG, Holter, PFT, 24h ABP, Stress Testing, Echo and Carotid Doppler)

**Referring MD**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

PRAC ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CC: \_\_\_\_\_

**Patient (sticker if available)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

PHN: \_\_\_\_\_

DOB(D/M/Y): \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ City/Town: \_\_\_\_\_

**History:**

Signature \_\_\_\_\_