



Medical Centre 1: 430 The Boardwalk, Suite 206, Waterloo, ON
Phone: 519-741-5252 Fax: 519-741-5772 email: cps.booking@kwcps.com

REQUEST FOR TESTING

Urgency: Elective Urgent

Indication: *(Requisitions with insufficient information will be returned)*

Chest pain Palpitations Syncope Murmur Hypertension

Dyspnea Cough COPD Asthma

CLINICAL INFORMATION:

CARDIAC TESTING

- Echocardiogram
- Echo with add on Contrast or Bubble Study
- Electrocardiogram (ECG)
- Holter Duration 24 hr 48 hr 72 hr
 7 day 14 day
- Ambulatory Blood Pressure Monitor
(\$60 fee, not covered by OHIP)
- Exercise Stress Test*
- Exercise Stress Echocardiogram*
- Dobutamine Stress Echocardiogram*
*(*Consults will be conducted at cardiologists discretion)*

(if a consultation is requested: See CPS Request for Consultation requisition.)

PULMONARY TESTING

- Full Pulmonary Function with Bronchodilator
- Full Pulmonary Function without Bronchodilator
- Spirometry with Bronchodilator
- Spirometry without Bronchodilator
- Arterial Blood Gases On Room Air
- Arterial Blood Gases On Oxygen
- Neuromuscular Protocol
(Full Pulmonary Function with MIPs & MEPS and Seated & Supine Spirometry)

PATIENT INFORMATION

Last Name: _____ First Name: _____
 DOB:(mm/dd/yyyy) _____ VC: _____
 Health Card Number: _____
 Address: _____
 Street _____
 City _____ Province _____ PC _____
 Phone: _____
 Email: _____

REFERRING PHYSICIAN

Name: _____ Billing#: _____
 Address: _____
 Street _____
 City _____ Province _____ PC _____
 Phone: _____
 Fax: _____
 Additional copies: _____

Gender: Female Male _____
Patient requires translator: *Language* _____

Referring Physician's Signature: _____
Has this patient been seen by a CPS Physician?
if yes Specify: Dr. _____