



Cardiac Labs

Phone: 780- 669-2222 • Toll Free: 1-866-771-9446

Fax: 780- 930-1593

Meadowlark Cardiac Lab

#234, 156 Street - 89 Avenue
Edmonton, Alberta T5R 5W9

Cardiac • Stress Test • MIBI •
CT Calcium • ECG • Holter • ABPM

Millwoods Cardiac Lab

6466 28 Avenue
Edmonton, Alberta T6L 6N3

MIBI

NAME: _____

ADDRESS: _____

INSURANCE #: _____

PHONE: _____

DATE OF BIRTH: _____ M F

Site: _____

Date _____ Time _____

MIBI Rest: _____

Stress: _____

ABPM or: _____

Holter Setup: _____

Return: Next day between 07:30 - 11:00

Stress Test: _____

Please keep your appointment. If you don't cancel 24 hours prior to exam, you may be charged a \$25.00 fee. Remember that others with healthcare needs could use your appointment time.

CARDIAC EXAM REQUESTED

Please fax this completed requisition to **780-930-1593**, and if available: resting ECG, recent history, consultation report, complete medication list, copy of previous Stress Test, Angiogram, and/or Echocardiogram.

- Exercise MIBI - Myocardial Perfusion Scan (**both sites**)
- Persantine MIBI - Myocardial Perfusion Scan (**both sites**)
- Exercise Stress Test
- Exercise Stress Test for Driver's Medical (not covered by AHCIP - payment required)
- Holter Recording
- 24 Hour Ambulatory Blood Pressure Monitoring (ABPM) (not covered by AHCIP - payment required)

INDICATION

- Diagnosis of coronary disease
- Evaluation of extent & severity of coronary disease
- Investigation of patient with multiple risk factors
- Driver's License Qualification & Third Party Medical (not covered by AHCIP - payment required)
- Risk stratification pre-op: Date _____
- Operation: _____
- Other _____

CHEST PAIN

- Yes
- No
- Typical
- Atypical
- Non-anginal
- New
- Chronic
- Changing Pattern
- Exertional
- Rest
- Nocturnal
- Dyspnea
- Syncope

CARDIAC

- CABG
- Angioplasty
- Stent
- MI
- Pacemaker
- Valvular Heart Disease *
- Atrial Fibrillation
- Cardiac Arrest
- Heart Failure
- Hypertension
- Family History
- Rheumatic Fever

* Stress testing not recommended if aortic stenosis is suspected

PULMONARY

- Asthma
- C.O.P.D.
- Interstitial Lung Disease
- Chest wall Abnormality

GENERAL

- Diabetes
- Obesity
- Osteoarthritis
- Hyperlipidemia
- Renal Failure
- Hepatitis / HIV
- Peripheral Vascular Disease
- Stroke

MEDICATIONS

- Beta Blockers _____
- Calcium Channel Blockers _____
- Nitro _____
- Insulin _____
- Oral hypoglycemic agents _____
- Bronchodilators _____
- Theophylline _____
- Other Medications _____

REFERRING PHYSICIAN

(Fill in or stamp)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SIGNATURE: _____

COPIES TO: _____

ADDRESS: _____

URGENT REPORT _____