

KMH CARDIOLOGY CENTRES INC.

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com • info@kmhlabs.com

LOCATIONS

Burlington

3155 Harvester Road
Suite 106
Burlington, Ontario
L7N 3V2

Hamilton

35 Upper Centennial Pkwy
Suite 3G
Stoney Creek, Ontario
L8J 3W2

Kitchener

751-B Victoria St. S.
Suite 108
Kitchener, Ontario
N2M 5N4

Markham

50 Minthorn Blvd.
Suite 101
Markham, Ontario
L3T 7X8

Mississauga (West)

2075 Hadwen Road
Mississauga, Ontario
L5K 2L3

Mississauga (Central)

71 King St. W.
Suite 307
Mississauga, Ontario
L5B 4A2

North York

1310 Don Mills Road
Suite 5
North York, Ontario
M3B 2W6

Scarborough

100 Consilium Place
Suite 201
Scarborough, Ontario
M1H 3E3

St. Catharines

180 Vine Street South
Suite 106
St. Catharines, Ontario
L2R 7P3

Toronto

236 Avenue Road
Toronto, Ontario
M5R 2J4

Woodstock

437 Norwich Ave.
Woodstock, Ontario
N4S 3W4

Patient Name: _____

DOB: _____ Weight: _____ Height: _____

Address: _____

City: _____ Postal Code: _____

Cell #: _____ Home #: _____

Email:* _____

OHIP #: _____

Third Party Payor: _____ Claim #: _____
(if applicable)

URGENT
(Check if applicable)

Reason: _____

1. Please complete form and fax to KMH and give to patient to bring to appointment.
2. See back for patient instructions.

★ 48 Hour Notice is Required For Cancellation ★
Please Bring Your Health Card and This Requisition Form

CONSULT **CONSULT, If test result is positive/abnormal and clinically indicated for complete evaluation**
Required for consults: previous ECG'S, blood work, and prior cardiac history with this requisition.

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

EXERCISE

PERSANTINE
(unable to exercise)

EXERCISE OR PERSANTINE
(If uncertain of patients ability to exercise, it will be determined at time of test by the supervising Physician.)

VENTRICULAR FUNCTION (MUGA) REST

Physician's Note: Please inform the patient regarding the discontinuation of Beta Blockers and Calcium Blockers 48 hours prior to the test, no caffeine or decaffeinated products 12 hours prior to the test and no erectile dysfunction medication 5 days prior to the test.

HOLD MEDS DO NOT HOLD MEDS

CARDIOLOGY

GRADED EXERCISE TEST

ECHOCARDIOGRAPHY*

EXERCISE STRESS ECHOCARDIOGRAPHY*

BUBBLE ECHO WITH SALINE CONTRAST

*Definity administration if indicated.

HOLTER MONITOR (shower proof monitor)

24 HRS. 48 HRS. 72 HRS. 14 DAYS

RESTING ECG

AMBULATORY BLOOD PRESSURE MONITOR (\$85/day)

DIAGNOSIS FOLLOW UP

HISTORY/REASON FOR TEST

REFERRING HEALTHCARE PRACTITIONER

Surname: _____

First Name: _____

Healthcare Practitioner Signature: _____

Billing #: _____

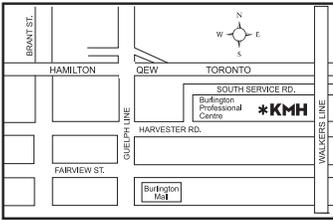
CC'd: _____

Tel: _____ Fax: _____

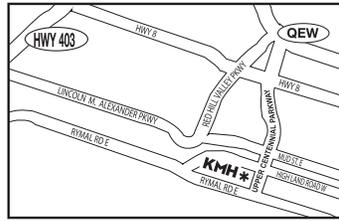
Email: (optional) _____

Healthcare Practitioner Stamp:

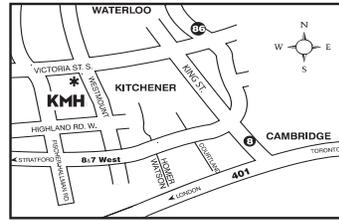
Maps Not to Scale



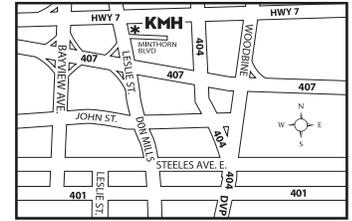
Burlington



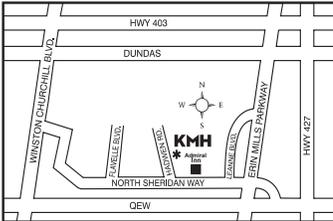
Hamilton



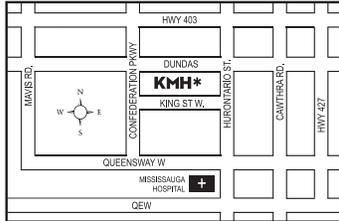
Kitchener



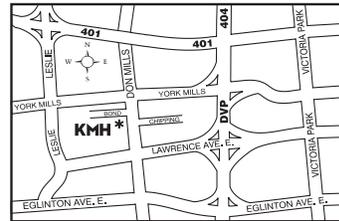
Markham



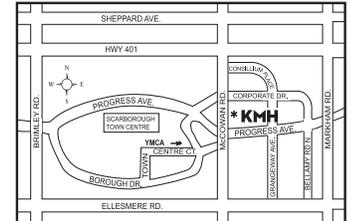
Mississauga - West



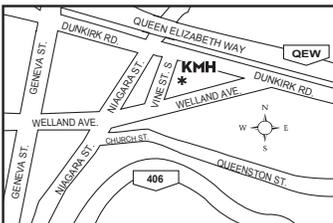
Mississauga - Central



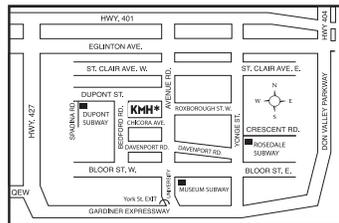
North York



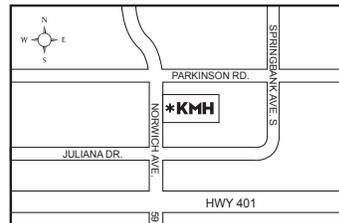
Scarborough



St. Catharines



Toronto



Woodstock



www.kmhlabs.com

For clinic directions and appointment preparation, please visit our website: www.kmhlabs.com or Scan the QR code above.

NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast or light lunch and then nothing to eat or drink (except water, no restriction to drinking water) for 3 hours prior to the study. No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, chocolate, soda pop or medications containing caffeine).
2. Bring comfortable shoes, t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your healthcare practitioner** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The Myocardial Perfusion test consists of 2 parts. The first portion lasts approximately 2-2.5 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes. In some circumstances, we may require the patient to return the next day.
5. Please bring a snack to eat for after the test is completed. Patients with diabetes may have a light meal before the test.

HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

*Patient Email: Confidential patient email will solely be used to communicate patient appointment information and send clinic experience survey/patient satisfaction survey link. Emails from KMH to a patient will exclusively come from the kmhlabs.com domain.