



# CARDIAC REQUISITION

## CENTRAL BOOKING

Ph 780-450-1500 Toll Free 1-800-355-1755 Fax 780-450-9551

Official Imaging Provider for:



PROVIDING IMAGING EXCELLENCE

Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee

**\* ALL EXAMINATIONS \* PLEASE BRING YOUR HEALTH INSURANCE CARD AND ANOTHER PIECE OF IDENTIFICATION WITH THIS FORM.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: RES: \_\_\_\_\_ OTHER: \_\_\_\_\_

DATE OF BIRTH: mm/dd/yyyy AGE: \_\_\_\_\_  MALE  FEMALE

INSURANCE #: \_\_\_\_\_ WCB ( Y / N ) OTHER: \_\_\_\_\_

**Please fax this completed requisition to:  
780-450-9551**

If you are unable to keep your exam, please call  
Central Booking 48 hours prior to your exam  
at 780-450-1500.

**Refer to Preparation Instructions on Reverse**

### LOCATIONS www.mic.ca

#### EDMONTON

**HYS MEDICAL CENTRE**  
(Echo, MIBI, X-ray)  
#202, 11010 - 101 ST NW

**ALLIN CLINIC (X-ray)**  
B1, 10155 - 120 ST NW

**TAWA CENTRE**   
(Echo, X-ray)  
3017 - 66 ST NW

**COLLEGE PLAZA (X-ray)**  
7TH FLR, 8215 - 112 ST NW

**CENTURY PARK**   
(Echo, MIBI, X-ray)  
#201, 2377 - 111 ST NW

**WINDERMERE**  
(Echo, X-ray)  
#201, 6103 CURRENTS DR NW

**TERRA LOSA**  
(Echo, EST, MIBI, X-ray)  
9566 - 170 ST NW

**NAMAO 160**  
(Echo, X-ray)  
#209, 15961 - 97 ST NW

#### ST. ALBERT

**SUMMIT CENTRE**   
(Echo, MIBI, X-ray)  
#102, 200 BOUDREAU RD

**GRANDIN X-RAY (X-ray)**  
1 ST. ANNE ST

#### SHERWOOD PARK

**SYNERGY WELLNESS CENTRE**  
(Echo, MIBI, X-ray)  
#109, 501 BETHEL DRIVE

#### FT. SASKATCHEWAN

**SOUTHPOINTE**  
(Echo, X-ray)  
#115, 9332 SOUTHFORT DRIVE

Hours of operation vary by location  
 Extended Hours available for X-ray

### X-RAY EXAMS REQUESTED:

#### CARDIAC EXAM REQUESTED

**MIBI - Myocardial Perfusion / Function Imaging**  
Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**MUGA - Gated Cardiac Scan**  
Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Exercise Stress Test (EST)**  
Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Exercise Stress Test (EST) for Driver's Medical**  
(not covered by AHC - payment required)  
Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Echocardiogram**  
Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

#### INDICATION FOR EXAMINATION

Diagnosis

Prognosis

Assess Therapy

Positive Stress Test, No Symptoms

Left Bundle Branch Block

Pre-Operative Assessment

Typical Angina, Negative or Inconclusive Stress Test

Prominent Risk Factors, Unable to Exercise

Other \_\_\_\_\_

#### CARDIAC HISTORY

Chest Pain (Typical/Atypical)  Post CABG

Known CAD  Pacemaker

Post MI  Aortic Stenosis

Post PTCA/Stent(s)

#### RISK FACTORS

Smoking  Inactive Lifestyle

Diabetes  Chronic Renal Failure

Hypertension  Dyslipidemia

Family History

#### PULMONARY MEDICAL HISTORY

COPD  
→ Has the patient ever been on home oxygen therapy?  YES  NO

Asthma  
→ Has the patient ever been hospitalized for asthma?  YES  NO

#### RESTING ECG ANALYSIS

Normal

AFIB

LBBB

RBBB

WPW

Other \_\_\_\_\_

#### MUSKULOSKELETAL ASSESSMENT

Is the patient able to perform an exercise stress test?  YES  NO

#### STAT REPORT INSTRUCTIONS

STAT fax report

STAT verbal report to#: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

#### CURRENT MEDICATIONS BRING A LIST OF ALL CURRENT MEDICATIONS

### IF THE PATIENT HAS HAD A PREVIOUS EXERCISE STRESS TEST, PLEASE ATTACH A COPY OF THE REPORT

PRACTITIONER'S NAME: \_\_\_\_\_

PRACTITIONER'S ADDRESS: \_\_\_\_\_

COPY TO: \_\_\_\_\_ FAX COPY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHYSICIAN'S STAMP  
& PRACTICE ID

**\*ALL EXAMINATIONS\*** PLEASE BRING YOUR HEALTH INSURANCE CARD AND ANOTHER PIECE OF IDENTIFICATION WITH THIS FORM.

If you have any questions about your exam, exam preparation, or need to change your appointment, please contact: **Central Booking at 780-450-1500 or call toll-free at 1-800-355-1755**  
If you are unable to keep your appointment, telephone to cancel it.

## PATIENT EXAM PREPARATION INSTRUCTIONS

### EXERCISE MIBI - Myocardial Perfusion scan - with or without Persantine (Dipyridamole)

**\*If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.**

Your heart is imaged in two phases, on two separate days: once after stress (exercise), once while resting.  
Each appointment takes approximately 2-3 hours.

### DO NOT CONSUME ANY CAFFEINE FOR 24 HRS PRIOR TO YOUR STRESS TEST APPOINTMENT

This includes such things as: coffee (including decaffeinated coffees), teas, colas and soda pops, chocolate, Tylenol #1, #2, and #3 (over the counter Tylenol products may be used). If you are taking a prescription medication for pain relief, contact your pharmacist to ensure that it does not contain any caffeine.

No erectile dysfunction medications (eg. Viagra, Cialis) 72 hours prior to your exam (applies to both males and females).

### DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT BEFORE THE TEST

If you normally take medication in the morning, you may continue to do so with some water (unless otherwise directed by your physician).

### BRING A LIST OF YOUR MEDICATIONS WITH DOSAGES INCLUDED

Continue to take all your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.

### DIABETIC PATIENTS

**DO NOT** take your diabetic medications on the morning of your stress test. Bring your medications.

### ASTHMATIC PATIENTS

Bring your inhalers and medications.

### CLOTHING

Please wear a comfortable pair of pants or shorts, a short sleeve shirt that buttons up the front, and appropriate footwear to be worn on a treadmill.

### FOOD

Please feel free to bring a snack. There will be a waiting period between the stress test and scan.

### MUGA (Gated Cardiac scan)

**\*If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.**

No preparation is required.

### EXERCISE STRESS TEST - no imaging

Please wear a comfortable pair of pants or shorts, a short sleeve shirt that buttons up the front, and appropriate footwear to be worn on a treadmill.

### ULTRASOUND - Echocardiogram

No preparation is required.

For more information visit:

[www.mic.ca](http://www.mic.ca)

## LOCATIONS

### EDMONTON

**HYS MEDICAL CENTRE**  
#202, 11010 - 101 ST NW  
Fax 780-424-7780

**ALLIN CLINIC** (X-ray Only)  
B1, 10155 - 120 ST NW  
Fax 780-488-0238

**TAWA CENTRE** ☺  
3017 - 66 ST NW  
Fax 780-461-7527

**COLLEGE PLAZA**  
7TH FLR, 8215 - 112 ST NW  
Fax 780-439-9977

**CENTURY PARK** ☺  
#201, 2377 - 111 ST NW  
Fax 780-461-8524

**WINDERMERE**  
#201, 6103 CURRENTS DR NW  
Fax 1-888-442-2136

**TERRA LOSA**  
9566 - 170 ST NW  
Fax 1-877-543-8044

**NAMA0 160**  
#209, 15961 - 97 ST NW  
Fax 1-877-433-9020

### MRI & CT

(Separate requisition required)

**MRI COLLEGE PLAZA**  
7TH FLR, 8215 - 112 ST NW  
Fax 780-433-7286

**MRI & CT CENTURY PARK**  
#201, 2377 - 111 ST NW  
Fax 780-433-7286

### ST. ALBERT

**SUMMIT CENTRE** ☺  
#102, 200 BOUDREAU RD  
Fax 780-459-2376

**GRANDIN X-RAY** (X-ray Only)  
1 ST. ANNE ST  
Fax 780-458-9096

### SHERWOOD PARK

**SYNERGY WELLNESS CENTRE**  
#109, 501 BETHEL DRIVE  
Fax 780-392-1268

### FT. SASKATCHEWAN

**SOUTHPOINTE**  
#115, 9332 SOUTHFORT DRIVE  
Fax 780-392-1269

### ADMINISTRATION:

**HYS CENTRE**  
#203, 11010 - 101 ST NW  
EDMONTON, AB  
Fax 780-425-5979

Hours of operation vary by location  
☺ Extended Hours available for X-ray