Place Patient Label here

Kawartha Cardiology
327 Charlotte Street Peterborough, Ontario, K9J 0B2
Phone: 705-740-6888 Fax: 705-749-9611

Appointment Date:

Appointment Time:

POST ISCHEMIC STROKE EXPEDITED TESTING REQUISITION

PATIENT INFORMATION				
Name:		Age/Gender:	Height (inches)	Weight (lbs)
Date of Birth (mm/dd/yy):		Health Card Number:		
Address:		Family Physician:		
		Copy to:		
Home Phone:	Mobile Phone:	Patient Pregnant or Breastfeeding? ☐ No ☐ Yes		

☒ **Post Ischemic Stroke Expedited Testing** within 2 weeks

TO SCHEDULE AN APPOINTMENT, FAX THE REQUISITION TO 705-749-9611

EXAMINATION REQUESTED	PATIENT PREPARATION/INFORMATION (Please read and follow)
☒ **Transthoracic Echo** ☐ **Bubble Study** **Indication:** 16.2	• No preparation
☒ **48 hour Holter** **Indication:** CVA, r/o afib	• Bring list of current medications

INDICATION/QUESTION: (MUST BE PROVIDED)	HISTORY: (MUST BE PROVIDED)
CVA, Rule out embolic source	CVA

Referring Physician:		Date(mm/dd/yyy):
Signature:		Office Phone:
OHIP Billing #:	CPSO #:	Fax Number:

Incomplete requisitions will not be accepted.