

Orillia Soldiers' Memorial Hospital

Room 281, Diagnostic Imaging
170 Colborne Street West,
Orillia, ON L3V 2Z3

To Book an Appointment

Tel: 1-888-662-0680
Fax: 1-855-239-1623
In-Patient ECHO Tel: 705-325-2201 ext: 6314
In-Patient OSMH Fax ext: 4182
info@pace-cardiology.com
www.pace-cardiology.com

PATIENT INFORMATION

NAME: _____ HEALTH # _____
 M F OTHER
 TELEPHONE: _____ BP: _____ / _____ HEIGHT: _____ WEIGHT: _____
 APPOINTMENT DATE: _____ REFERRING MD: _____

SPECIAL INSTRUCTIONS _____

INPATIENT ECHOCARDIOGRAPHY

ADULT
 PEDIATRIC (patient must be 4 years or older)

- Chest pain
- Myocardial infarction
- Shortness of breath or peripheral edema
- CHF
- Unexplained hypotension
- Stroke or T IA
- Syncope
- Arrhythmia
- LBBB or high grade AV block
- Rule out endocarditis
- Rule out pericardial effusion
- Rule out pulmonary hypertension

- Evaluation pre- or post- procedure
 - CV surgery
 - PCI/TAVI
 - EP procedure/Device placement

OUTPATIENT ECHOCARDIOGRAPHY

ADULT
 PEDIATRIC (patient must be 4 years or older)

- Murmur
- Hypertension
- Palpitations
- LV function post
 - MI
 - Invasive procedure
 - Every 6 months for patients with severe LV dysfunction
 - Every year with ischemic heart disease
- Follow up pulmonary hypertension
- Initial assessment or reassessment of structural heart disease
 - Valvular regurgitation/stenosis (every 6-12 months)
 - Prosthetic heart valves (every year)
 - Cardiomyopathy
 - Congenital heart disease
 - Cardiac masses

CLINICAL INFORMATION

 CPSO # : _____

BILLING # : _____ SIGNATURE _____