

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 (newborn to 18 years-old)

- ☐ 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 (newborn to 18 years-old)

- ☐ 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 _____