



Royal Victoria  
Regional Health Centre

**Outpatient Cardiac Diagnostics and EEG Requisition**

201 Georgian Drive, Barrie, Ontario  
Phone: 705-739-5604  
Fax: 705-739-5651

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

DOB: \_\_\_\_\_

HRN: \_\_\_\_\_

(addressograph)

**Patient Information**

Patient Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*List the patient's home phone number, and if applicable, one alternate number. For each number, use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care & appointments can be left at that number:*

Home:  Call – can leave a message  on voicemail  with a person

Work/Other:  Call – can leave a message  on voicemail  with a person

**Cardiac Diagnostics**

Procedure	Date	Time
<input type="checkbox"/> Holter Monitor <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 7 day <input type="checkbox"/> 14 day		
Indication for Holter Monitor:		
<input type="checkbox"/> Loop Recorder		
Indication for Loop Recorder:		
<input type="checkbox"/> ECG – 12 Lead		
Indication for ECG:		
<input type="checkbox"/> Exercise Stress Test		
Indication for Exercise Stress:		
<input type="checkbox"/> <b>If results are abnormal, book patient for cardiac MD consultation.</b>		

**EEG**

Procedure	Date	Time
<input type="checkbox"/> Routine		
<input type="checkbox"/> With sleep deprivation		

**Indication and Relevant Clinical History**

\_\_\_\_\_

***It is your responsibility to advise the patient of their appointment time.***

Referring MD: \_\_\_\_\_

Family MD: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Billing # \_\_\_\_\_

**OFFICE USE ONLY**

V# \_\_\_\_\_

Acct # \_\_\_\_\_





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**Patient Instructions**

- 1) Please register at the second floor Atrium Lobby Central Outpatient Registration before going to the Cardio-Respiratory Department.
- 2) Patients are expected to arrive 15 minutes prior to scheduled appointment time. Late patients may have to be rescheduled

<b>Holter Monitor (15 minutes)</b>	Wear a two-piece outfit. No baths or showers are allowed during the recording period. You must return to the hospital the next day the recording is complete and drop them off in a drop box, located either outside cardio-respiratory department on level 1 or between the sliding doors at the Atrium entrance Level 2.
<b>Loop Monitor (30 minutes)</b>	Wear a two-piece outfit. You must return to the hospital with the monitor two weeks after start date. Drop off recorder in a drop box, located either outside cardio- respiratory department on level 1 or between the sliding doors at the Atrium entrance Level 2.
<b>ECG</b>	No special preparation required.
<b>Exercise Stress Testing (20 minutes)</b>	No caffeine 4 hours prior to test, very light meal only, Wear comfortable clothing and shoes for exercising. Please check with your Physician about taking your medications before the test.
<b>EEG (60 Minutes)</b>	Hair must be clean with no hair spray or mousse prior to testing. One hour less sleep night prior, and follow your usual routine for meals and medication.
<b>EEG Sleep Deprivation (60 minutes)</b>	Hair must be clean with no hair spray or mousse prior to testing. Over 7 years of age, no sleep for 24 hours prior to test. Under 7 years of age, no sleep after midnight. No caffeine products after midnight.

