

# KMH CARDIOLOGY CENTRES INC.

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

## LOCATIONS

**Burlington**  
3155 Harvester Road  
Suite 106  
Burlington, Ontario  
L7N 3V2

**Hamilton**  
35 Upper Centennial Parkway  
Suite 3G  
Stoney Creek, Ontario  
L8J 3W2

**Kitchener**  
751-B Victoria St. S.  
Suite 108  
Kitchener, Ontario  
N2M 5N4

**Markham**  
50 Minthorn Blvd.  
Suite 101  
Markham, Ontario  
L3T 7X8

**Mississauga**  
2075 Hadwen Road  
Mississauga, Ontario  
L5K 2L3

**North York**  
1310 Don Mills Road  
Suite 5  
North York, Ontario  
M3B 2W6

**Scarborough**  
55 Town Centre Crt.  
Suite 109  
Scarborough, Ontario  
M1P 4X4

**St. Catharines**  
180 Vine Street South  
Suite 106  
St. Catharines, Ontario  
L2R 7P3

**Toronto**  
236 Avenue Road  
Toronto, Ontario  
M5R 2J4

**Woodstock**  
437 Norwich Ave.  
Woodstock, Ontario  
N4S 3W4

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Patient Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Patient Email: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Third Party Payor: \_\_\_\_\_ Claim #: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_ (if applicable)

**URGENT**  
(Check if applicable)

Reason: \_\_\_\_\_

1. Please complete form and fax to KMH and give to patient to bring to appointment.  
 2. See back for patient instructions.

**★ 48 Hour Notice is Required For Cancellation ★  
 Please Bring Your Health Card and This Requisition Form**

**CONSULT**    **CONSULT, If test result is positive/abnormal and clinically indicated for complete evaluation**  
**Required for consults:** previous ECG'S, blood work, and prior cardiac history with this requisition.

### NUCLEAR CARDIOLOGY

#### MYOCARDIAL PERFUSION

EXERCISE    PERSANTINE (Unable to exercise)  
 EXERCISE OR PERSANTINE  
 DOBUTAMINE

#### VENTRICULAR FUNCTION (MUGA)

REST

#### VIABILITY STUDY (THALLIUM)

REST

**Physician's Note: Please inform the patient regarding the discontinuation of Beta blockers, Calcium blockers and erectile dysfunction medication 48 hours prior to test and Cialis 96 hours prior to test.**

### CARDIOLOGY

<input type="checkbox"/> GRADED EXERCISE TEST	<input type="checkbox"/> RESTING ECG	HOLTER MONITOR <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS. _____
<input type="checkbox"/> ECHOCARDIOGRAPHY* STRESS ECHOCARDIOGRAPHY* <input type="checkbox"/> EXERCISE <input type="checkbox"/> PERSANTINE <input type="checkbox"/> DOBUTAMINE	<input type="checkbox"/> BUBBLE ECHO WITH SALINE CONTRAST <input type="checkbox"/> CAROTID ULTRASOUND (Mississauga Only) *Definity® administration if indicated.	CARDIOSTAT (Wireless ECG Monitor) <input type="checkbox"/> 14 DAYS AMBULATORY BLOOD PRESSURE MONITOR (\$75) <input type="checkbox"/> DIAGNOSIS <input type="checkbox"/> FOLLOW UP

### NUCLEAR MEDICINE

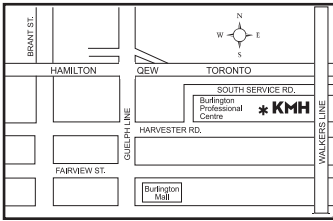
<p><b>CNS</b> <input type="checkbox"/> CEREBRAL PERFUSION SCAN (SPECT)</p> <p><b>BONE SCAN</b> <input type="checkbox"/> TOTAL BODY <input type="checkbox"/> SPECIFIC SITES: _____</p>	<p><b>G.I.</b> <input type="checkbox"/> LIVER/SPLEEN SCAN <input type="checkbox"/> LABELLED RED BLOOD CELL LIVER SCAN <input type="checkbox"/> GASTRIC EMPTYING STUDY <input type="checkbox"/> ESOPHAGEAL TRANSIT STUDY <input type="checkbox"/> SALIVARY SCAN <input type="checkbox"/> BILIARY SCAN</p>	<p><b>RENAL SCAN</b> <input type="checkbox"/> RENAL SCAN <input type="checkbox"/> RENAL SCAN WITH LASIX <input type="checkbox"/> RENAL CORTICAL SCAN <input type="checkbox"/> RENAL SCAN WITH CAPTOPRIL</p>	<p><b>ENDOCRINE (Toronto Only)</b> <input type="checkbox"/> THYROID <input type="checkbox"/> UPTAKE ONLY <input type="checkbox"/> SCAN ONLY <input type="checkbox"/> SCAN &amp; UPTAKE <input type="checkbox"/> PARATHYROID SCAN</p> <p><b>MISCELLANEOUS</b> <input type="checkbox"/> OTHER: _____</p>
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#### HISTORY/REASON FOR TEST

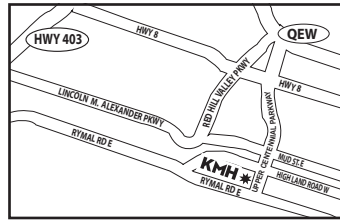
#### REFERRING PHYSICIAN INFORMATION

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Surname: _____ First Name: _____</p> <p>Referring Physician Signature: _____</p> <p>Referring Physician Stamp:</p>  <p>Billing #: _____ CC Physician: _____</p> <p>Tel: _____ Fax: _____</p> <p>Email: (optional) _____</p>
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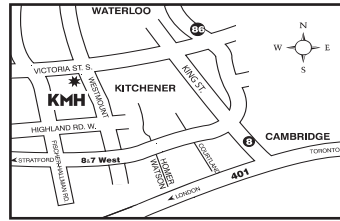
# Maps Not to Scale



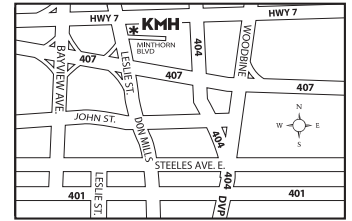
**Burlington**



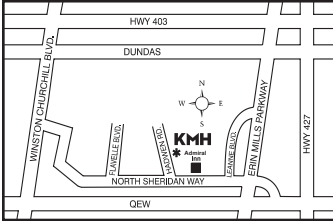
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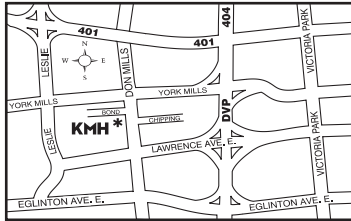
**Kitchener**



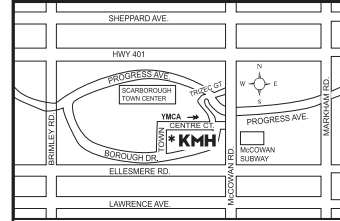
**Markham**



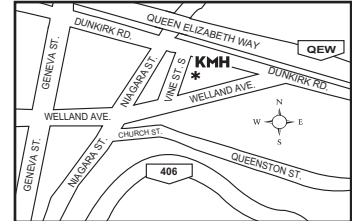
**Mississauga**



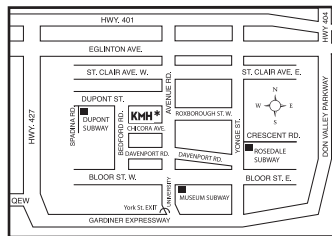
**North York**



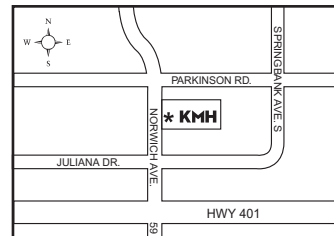
**Scarborough**



**St. Catharines**



**Toronto**



**Woodstock**

## CARDIOSTAT (CONTINUOUS ECG MONITOR)

1. **CardioSTAT is a single-use, long term continuous ECG monitor** that is 9mm thick and about the size of a large bandage (142mm by 40mm) with no wires.
2. **CardioSTAT is showerproof.** Patients can maintain their daily hygiene routine without interrupting the recording.
3. **No return appointment necessary.** Once the recording period is completed, the patient simply returns the monitor using a pre-stamped envelope.

## NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast/lunch and then nothing to eat or drink (except sips of water for medications) for 3 hours prior to the study. No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, herbal teas, chocolate products, soda pop or medications containing caffeine [Tylenol 1/2/3, Lenoltec 1/2/3]).
2. Bring comfortable shoes. t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your physician** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The SPECT Cardiolite protocol consists of 2 parts. The first portion lasts approximately 2-3 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes.
5. Please bring a snack to eat once the test is completed.

## HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

## NUCLEAR MEDICINE PATIENT INSTRUCTIONS

1. **Biliary Scan & Esophageal Transit Study:** Nothing to eat or drink for at least 4 hours prior to study. The biliary study will take approximately 2 hours and 30 minutes. The esophageal transit study will take approximately 30 minutes.
2. **Bone scan:** The bone scan protocol consists of 2 parts. The first portion lasts approximately 30 minutes. The patient can then leave the clinic, but must return 2-4 hours later for imaging, which lasts 1-1.5 hours. Patient must drink plenty of fluids during the break for optimal imaging results.
3. **Thyroid Scan:** Check with your physician regarding medication and supplements. Bring a list of current medications to your appointment. The study will take approximately 1 hour.
4. **Thyroid Uptake:** Nothing to eat or drink for at least 4 hours prior to study. Thyroid medication or food containing iodine will affect the results. Check with your physician regarding thyroid medication and supplements. Avoid xray using iodine-based contrast for 3 weeks prior to the study. Bring a current list of medications. The study takes 2 days (each day takes 15 minutes): on Day 1, a capsule is taken orally; on Day 2, the measurement is taken.
5. **Captopril Renal Scans:** Consists of 2 days. Nothing to eat 4 hours prior to study on both days. Drink 4 glasses of water 1 hour prior to study on both days. Check with your physician regarding possible discontinuation of medication. Day 1 lasts approximately 1 hour and 15 minutes. Day 2 lasts approximately 45 minutes.
6. **Gastric Emptying Study (Solid):** Nothing to eat or drink for at least 6 hours prior to the study, preferably after midnight before an AM appointment. The gastric emptying study (solid) will take approximately 4 hours and 30 minutes.