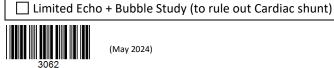
Cortellucci Vaughan Hospital 3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3

Mackenzie Health

Place Patient Label Here

Echocardiogram Requisition Telephone: 905-883-2004 **Fax:** 905-883-0772

Patient's Name:			
Date of Birth:			
Health Card Number:		IMPORTANT APPOINTMENT	
Telephone: Can we leave a voicemail? Yes No		INFORMATION:	
		Patient to arrive 20 mins prior to	
Additional Reports To:	Date: dd/mm/yyyy	appointment, unless otherwise specified	
Referring Doctor's Name:		by the scheduler.	
Signature:		Patient to check in using our self-serve kiosks location in Patient Registration.	
Echocardiography Indications:			
Heart Murmur	pse tural Disease ase y Events as function With Use of Cardiotoxic Drugs		
Echocardiogram Type:			
☐ Transthoracic Echo (TTE)			



(May 2024)