Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Place Patient Label Here

Echocardiogram Requisition

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

Patient's Name: ____

Date of Birth: ______________________________ (dd/mm/yyyy)

Health Card Number: ____________________________

Telephone: ____________________ Can we leave a voicemail? ☐ Yes ☐ No

Additional Reports To: ____________________ Date: ______________ dd/mm/yyyy

Referring Doctor's Name: ____________________________

Signature: ____________________________

IMPORTANT APPOINTMENT INFORMATION:

Patient to arrive 20 mins prior to appointment, unless otherwise specified by the scheduler.

Patient to check in using our self-serve kiosks location in Patient Registration.

Echocardiography Indications:

- ☐ Heart Murmur
- ☐ Known/ Suspected Valvular Stenosis
- ☐ Known/ Suspected Valvular Regurgitation
- ☐ Known/ suspected Mitral Valve Prolapse
- ☐ Congenital or Inherited Cardiac Structural Disease
- ☐ Prosthetic Heart Valve
- ☐ Infective Endocarditis
- ☐ Pericardial Disease
- ☐ Cardiac Masses
- ☐ Interventional Procedure
- ☐ Pulmonary Disease
- ☐ Chest Pain and Coronary Artery Disease
- ☐ Dyspnea, Edema and Cardiomyopathy
- ☐ Hypertension
- ☐ Thoracic Aortic Disease
- ☐ Neurologic or Other Possible Embolic Events
- ☐ Arrhythmias, Syncope and Palpitations
- ☐ Suspected Structural Heart Disease
- ☐ Initial and Periodic Assessment of LV function With Use of Cardiotoxic Drugs
- ☐ ECG Changes
- ☐ Transplant Work Up
- ☐ Others (please specify): ____________________________

Relevant Clinical Information: *(must be provided and please be specific)*

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Echocardiogram Type:

- ☐ Transthoracic Echo (TTE)
- ☐ Limited Echo + Bubble Study (to rule out Cardiac shunt)

(May 2024)