ROSS MEMORIAL HOSPITAL
Kawartha Lakes

## ECHOCARDIOGRAPHY DEPARTMENT

Booking Line **(705) 328-6186**
Fax Line **(705) 328-6188**

****** *OUR DEPARTMENT WILL NEED*******

1. Your RMH red hospital card.
2. Your Ontario Health card.
3. This form.

**DO NOT WRITE IN THIS AREA - FOR RMH USE ONLY**

**APPT DATE & TIME:** _____

EXAM #

PATIENT NAME: _____

DOB: _____

TELEPHONE: _____

REFERRING DOCTOR: _____

FAMILY DOCTOR: _____

CC DOCTOR: _____

- ☐ Urgent ER/IP
- ☐ < 7 days
- ☐ > 7 days
- ☐ Discharged
- ☐ Admitted Rm # _____
  Extension _____

** NON-AMBULATORY PATIENTS **MUST** ARRIVE ON A **STRETCHER**

**ISOLATION** ☐ YES ☐ NO
AND ☐ YES ☐ NO

**ECHOCARDIOGRAPHY** (Ultrasound of the Heart)
Exam may take up to 1 hour

No Preparation required

**Relevant Medical History:**

| | | | | |
|---|---|---|---|---|
| ☐ Atrial Fib | ☐ Chest Pain | ☐ Hypertension | ☐ Murmur | ☐ Palpitations |
| ☐ PE | ☐ Post MI | ☐ SOB | ☐ Stroke | ☐ TIA |
| ☐ Valve Disease | | ☐ Other _____ | | |

**PHYSICIAN'S SIGNATURE:** _____ **Date:** _____
(Must be ordered & signed by a physician)

**WE ARE A FRAGRANCE FREE ENVIRONMENT**