



REQUEST FOR DIAGNOSTIC AND INTERVENTIONAL PROCEDURES

Telephone #: 604-806-8051

Fax #: 604-806-8637

Last Name:		Given Names	
Date	DOB	Referring MD	Family MD
PHN		MD Telephone #	

First Available Cardiologist	<input type="checkbox"/>	Specific Cardiologist
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<input type="checkbox"/> OUTPATIENT	
Address	
City	Postal Code
Home Telephone #	Work Telephone #

<input type="checkbox"/> INPATIENT	
Hospital	Unit

PROCEDURE(S) REQUESTED			
Diagnostic Catheterization	<input type="checkbox"/>	Right Heart Cath	<input type="checkbox"/>
Cath & Possible Angioplasty	<input type="checkbox"/>	Pulmonary Resistance	<input type="checkbox"/>
Angioplasty (cath done)	<input type="checkbox"/>	Biopsy	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>		

MAIN INDICATION (choose one only)			
Stable Coronary Disease	<input type="checkbox"/>	Congenital	<input type="checkbox"/>
Acute Coronary Syndrome	<input type="checkbox"/>	Post Transplant	<input type="checkbox"/>
CHF	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/> Specify: _____
Valve Disease	<input type="checkbox"/>	Research Protocol	<input type="checkbox"/>
Other (specify)			

CLINICAL STATUS			
Warfarin	<input type="checkbox"/>	Recent INR _____	<i>INR must be <2. Hold 3-5 days if possible.</i>
Renal Failure	<input type="checkbox"/>	Recent Cr _____	IIb / IIIa Inhibitor <input type="checkbox"/>
IV Nitroglycerin	<input type="checkbox"/>	Dye Allergy <input type="checkbox"/>	IV Inotropes <input type="checkbox"/> (specify _____)

COMMENTS

If from outside hospital, please send copies of recent echo, exercise stress test, CXR report & consultation letter, if available.
 To inquire about timing of procedure, please call booking office at 604-806-8051.
 For emergency cases please call at 604-682-2344 and discuss with the on-call interventionalist.