



Heart Health Program – ECHOCARDIOGRAPHY LAB Request for Exam

Name:

Date of Birth:

MRN:

PHN:

Phone Number:

Address:

Gender:

(Inpatients - Stamp with Addressograph)

Outpatient Requests (Adults only)

- TTE (Routine Echo): RJH & VGH (All Physicians)
Stress Echo: RJH only (Cardiologists, Internists, & limited Specialists)
TEE: RJH only (Cardiologists, Internists, & limited Specialists)

Inpatient Requests (Adults only)

RJH - FAX: 250-370-8495 Phone: 250-370-8307
VGH - FAX: 250-727-4520 Phone: 250-727-4200

Echo Lab Closed – Saturday, Sunday and Statutory Holidays

Requested Date of Exam:

Report Copies to:

Exam Requested:

Ordering Physician Name Printed:

Brief Relevant History REQUIRED for ALL Patient Triaging:

Blank lines for patient history

Allergies: Yes No

If Yes, to what:

For office use only

Appt Date:

Time:

Site:

Special Instructions (Complete applicable section – Inpatient/Outpatient)

Outpatients:

Ordering Physician Signature:

Urgency-History REQUIRED above (If not indicated, will be considered Routine)

- Urgent
Semi-Urgent
Routine
Timed

Other Exams to be coordinated for the Same Day Exam (s)

Inpatients:

Ward: Anticipated D/C Date:

Urgency-History REQUIRED above

- Urgent
Emergent (per physician)

Isolation for: MRSA C-DIFF
VRSA
Other

- Portable
Stretcher
Wheelchair
Oxygen

On Inotropes (include current dose):

- Dobutrex
Levophed
Dopamine
Norepinephrine
Milrinone

On Intra-Aortic Balloon Pump

Other Exams to be coordinated for the Same Day Exam (s)

Comments: