



BC'S ECHOCARDIOGRAM REQUISITION

DIXX105936A

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- Outpatient
- Standard (TTE)
- TEE
- Intra-op TEE
- Definity contrast
- Stress
- Saline bubble
- Inpatient - Unit/Ward _____

Surname	First Name	Sex M F
Address		
City		Home Phone
Date of Birth (dd/mm/yy)		Work Phone
Medical Plan Number		WCB / ICBC Claim Number
<input type="checkbox"/> MSP <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER		

APPOINTMENT:
 Date Requisition received _____
 Ordered Date: _____ Time: _____
 month/day/year
 Booked Date: _____ Time: _____
 month/day/year
 Completed Date: _____ Time: _____
 month/day/year

Emergent (within 24 hours) (for outpatients call physician on-call or Echo department)
 Urgent/Semi-urgent (7 days)
 Scheduled/Non-urgent (30 days)
 Height: _____ Weight: _____
Latex allergy: No Yes
Infections: _____
 (e.g VRE / MRSA / C-Diff/TB)

*** REQUESTS WITHOUT CLINICAL INFORMATION WILL BE RETURNED ***

IDENTIFY: Patient History, Pertinent Clinical Information and reason(s) for ordering Echo
 ✓ CHECK ALL THAT APPLY

<input type="checkbox"/> Murmur <input type="checkbox"/> systolic <input type="checkbox"/> diastolic <input type="checkbox"/> Aortic <input type="checkbox"/> stenosis <input type="checkbox"/> regurgitation <input type="checkbox"/> bicuspid <input type="checkbox"/> Mitral <input type="checkbox"/> stenosis <input type="checkbox"/> regurgitation <input type="checkbox"/> prolapse <input type="checkbox"/> repair <input type="checkbox"/> Pulmonary <input type="checkbox"/> stenosis <input type="checkbox"/> regurgitation <input type="checkbox"/> Tricuspid <input type="checkbox"/> stenosis <input type="checkbox"/> regurgitation	<input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> dilated <input type="checkbox"/> hypertrophic <input type="checkbox"/> restrictive <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Systemic Hypertension <input type="checkbox"/> Left Ventricular Hypertrophy <input type="checkbox"/> Right Ventricular Function <input type="checkbox"/> Heart Failure <input type="checkbox"/> Transplant: type _____ <input type="checkbox"/> Left Ventricular Function Previous EF _____ % (if known) Date: _____ <input type="checkbox"/> Diastolic Function	<input type="checkbox"/> Myocardial Infarction Date: _____ <input type="checkbox"/> Anterior <input type="checkbox"/> Inferior <input type="checkbox"/> Unknown <input type="checkbox"/> Coronary Artery Bypass Graft Date: _____ <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Other _____ <input type="checkbox"/> Source of embolus Other Indications: <input type="checkbox"/> Trauma <input type="checkbox"/> Chemotherapy <input type="checkbox"/> CAD <input type="checkbox"/> Pericardial disease <input type="checkbox"/> Pregnant <input type="checkbox"/> Aortic aneurysm <input type="checkbox"/> Infective endocarditis <input type="checkbox"/> Pericardial effusion Symptoms <input type="checkbox"/> Short of breath <input type="checkbox"/> Syncope <input type="checkbox"/> Chest pain <input type="checkbox"/> Palpitations <input type="checkbox"/> Fatigue <input type="checkbox"/> Other _____
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Prosthesis	Type/Manufacturer	Size	Date Implanted
Aortic			
Mitral			
Tricuspid			

Congenital Defect: (attach operative report)

Other History:

Attending Physician Printed name _____ Signature _____
 MSC # _____ Phone # _____ Pager # _____
 Copies to: _____ Preliminary report with patient

Printshop 251215

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Cont'd

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BENCHMARK WAIT TIMES FOR ACCESSING ECHOCARDIOGRAPHY

Urgency Category	Recommended wait time	Defined by: Examples
Emergent	Within 24 hours	Hemodynamically unstable patients with suspected certain cardiovascular conditions (e.g. pericardial effusion with tamponade, mechanical complications, post myocardial infarction)
Urgent/Semi urgent	Within 7 days	Critically ill patients who do not meet the definition of emergent and patients with a condition that could deteriorate rapidly (e.g. symptomatic aortic stenosis)
Scheduled/Non urgent	Within 30 days	All patients who do not fall into the previous categories (e.g. assessment of murmurs in asymptomatic individuals, assessment of left ventricle mass)

Adapted from: 2008, CCS Wait time benchmarks: *Treating the Right Patient at the Right Time: Access to Echocardiography in Canada*

*** INCOMPLETE REQUISITION FORMS WILL BE RETURNED ***

Site	Address	Phone	Fax
Abbotsford Regional Hospital	Medical Imaging 32900 Marshall Road, Abbotsford, BC V2S 0C2	604-851-4868	604-851-4864
Burnaby Hospital	Medical Imaging 3935 Kincaid Street, Burnaby, BC V5G 2X6	604-412-6271	604-412-6181
Eagle Ridge Hospital	Medical Imaging 475 Guildford Way, Port Moody, BC V3H 3W9	604-949-8218	604-469-3209
Jim Pattison Outpatient Care & Surgery Centre	Medical Imaging 9750 - 140 Street, Surrey, BC V3T 0G9	604-582-4550 Loc. 763939	604-582-3766
Langley Memorial Hospital	Medical Imaging 22051 Fraser Highway, Langley, BC V3A 4H4	604-533-6405	604-533-6456
Peace Arch Hospital	Medical Imaging 15521 Russell Avenue, White Rock, BC V4B 2R4	604-535-4510	604-535-4559
Ridge Meadows Hospital	Medical Imaging 11666 Laity Street Maple Ridge, BC V2X 5A3	604-463-1849	604-466-7939
Royal Columbian Hospital	Nuclear Medicine/Medical Imaging 330 E. Columbia Street., New Westminster, BC V3L 3W7	604-520-4244	604-520-4803
Surrey Memorial Hospital	Medical Imaging 13750 96th Avenue, Surrey, BC V3V 1Z2	604-582-4550 Loc. 763939	604-582-3766

IMPORTANT PATIENT INFORMATION

- Plan to arrive 15 minutes early to give yourself adequate time for parking.
- An interpreter must accompany patients who do not speak fluent English or the exam may be cancelled.
- Children and other third parties are not permitted in the examination rooms. Please ensure that children under the age of 12 have someone to look after them during your exam or we will not be able to do your exam.
- ****Please bring your Care Card, WorkSafe BC or ICBC information and Photo Identification****