CARDIO-RESPIRATORY

Bookings Tel: (705) 444-8670 **FAX**: (705) 445-7593

Please bring a Valid Health Card & Requisition with you to your appointment

NAME:	D.O.B:	Exam 1	<u>Appointment</u>
	CELL/WORK #		Time:
HEALTHCARD #:	ht: wt:	Exam 2	
ADDRESS:		Date:	Time:
NO SHOWS will be charged a \$25 fee (we require 24 hrs notice for cancellations) *Please arrive 20 mins before your appointment and bring your requisition CGMH is a scent free facility			
		Date:	Time:
*ALL PATIENTS MUST BRI <u>CLINICAL</u> :	NG A COMPLETE LIST OF MEDICATIONS		s please do not wear panty hose)
	<u>CARDIAC 1</u>	<u> TESTING</u>	
□ ECG □ CARDIAC LOOP RECORI □ ECHOCARDIOGRAM □ EXCERISE STRESS TEST *One week prior to tes *Day of test -No food 1 -Wear comfortable **If you are diabeti □ TRANSESOPHAGEAL EC -Do not eat or drink for 6 h -You will have an intravenou -Arrange to have someone dr □ 24 HOUR BP MONITOR -You will have to return to the *Do not take your morning A before test (Ventolin	At rovent, Bricanyl, Combivent, or Aight be clothed and walking shoes. The exercise continuous prior to the test. You may have a light be clothing and walking shoes. The exercise continuous prior to the test. You may have singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test to singular started in your hand prior to the test. You may have singular started in your hand prior to the test. You	to return to the hospital after 2 we also to reakfast) ing will be done on a treadmill and being at the hospital for approximate properties of water to take your medication administer a mild sedative. TESTING the day of the test. No short action of the properties of the properties of the day of the test. The properties of the propert	inued d will be supervised by the Internist. nately 2 hours. ns ting bronchodilators for 4 hours ith you when you come.
□ ARTERIAL BLOOD GASE □ ASSESSMENT FOR HOMI -SaO ₂ AT REST AND V -ABG'S ON R/A	$ \overline{\Sigma} \underline{O_2} $ WITH EXERCISE SaO ₂ \geq 90% with exercise	s, D _L CO & simple spirometry) EDUCATION - Education + Spir	ometry
Physician's Na	me (Please Print)	Physician's Signa	ture (Required)
Сору	To:		Fax #