ST. MICHAEL'S
UNITY HEALTH TORONTO

7 2 2 3 1

Patient ID

Echocardiography and Vascular Ultrasound Laboratory Requisition

Accredited Vascular Laboratory — ICAVL — Extracranial Cerebrovascular, Peripheral Arterial

Accredited Facility — IAC Intersocietal Accreditation Commission — Echocardiography

Echo: 416.864.5515 / **echolab@smh.ca**
Vascular: 416.864.5890 / **vascularlab@smh.ca**
Fax: 416.864.5571

Echocardiography - ☐ Critical (call Echo lab) ☐ Urgent/symptomatic ☐ Established indication/asymptomatic ☐ Surveillance/Routine

☐ **Transthoracic Echo**
- ☐ CHF
- ☐ Valvular disease
- ☐ Prosthetic valves
- ☐ Syncope
- ☐ Cardio-Oncology
- ☐ Murmurs
- ☐ Systolic/Diastolic function
- ☐ Hypertensive Heart Disease
- ☐ Agitated saline contrast
- ☐ Constriction

☐ **Transesophageal Echo (Please call 416-864-5515)**
- ☐ Infective endocarditis
- ☐ Source of embolus
- ☐ Valvular disease
- ☐ ASD
- ☐ Masses/Thrombus

☐ **Treadmill Stress Echo /** ☐ **Supine Bicycle Stress Echo /** ☐ **Dobutamine Stress Echo**

☐ **Pediatric Echo**
(Please forward request to 416-867-3736)

- ☐ CAD
- ☐ Angina
- ☐ Valvular disease
- ☐ HCM

Medication to hold:
- ☐ Beta-blockers
- ☐ Diltiazem/Verapamil

Clinical History: _____

Vascular Ultrasound - ☐ Urgent ☐ Routine

☐ **Arterial Lower Extremity (Includes Aorta):**
- ☐ Claudication
- ☐ Leg Ulcer
- ☐ Ischemic Toes
- ☐ Pressure
- ☐ Reduced pulses
- ☐ Rule-out PAD
- ☐ Post-Surgical interventions

☐ **Arterial Upper Extremity**
- ☐ Decreased pulses
- ☐ Subclavian steal

☐ **Abdominal Aorta:**
- ☐ Rule-out Aneurysm
- ☐ Follow-up Aneurysm repair
- ☐ Splanchnic vessels
- ☐ Post EVAR
- ☐ Post fistula creation

☐ **Carotid:**
- ☐ TIA/Stroke
- ☐ Bruit
- ☐ Visual disturbance
- ☐ Post stent/endarterectomy

☐ **Venous Lower Extremity:**
- ☐ Varicose veins
- ☐ Venous insufficiency

☐ **Venous Upper Extremity:**
- ☐ Rule out DVT

☐ **Pre-Fistula Mapping:**
- ☐ Upper Limb
- ☐ Lower Limb

☐ **Dialysis Fistula/Graft:**
- ☐ Post fistula creation
- ☐ HeRograft
- ☐ Rule out Stenosis

☐ **Pre-Transplant Screening:**

☐ **Thoracic Outlet syndrome**
- ☐ Full study
- ☐ Limited study

☐ **Peripheral Vascular Pressure/Volume:**
- ☐ ABI
- ☐ ABI + Exercise
- ☐ Lower Extremity Segmental
- ☐ Upper Extremity Segmental Pressure
- ☐ Thoracic Outlet Syndrome (TOS)
- ☐ Toe Brachial Index
- ☐ Lower Digits PPG
- ☐ Upper Digits PPG

☐ **Groin Study:**
- ☐ Rule out Pseudo aneurysm
- ☐ AV Fistula

☐ **Renal Arteries:**
- ☐ Hypertension
- ☐ Post angioplasty or stent

Clinical History: _____

Interpreter required? ☐ YES ☐ NO - Language: _____

Date: _____

Referring MD: _____ Signature: _____

Phone: _____ Fax: _____

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