



Cardiac Labs

Phone: 780-669-2222 • Toll Free: 1-866-771-9446

Meadowlark Lab • Fax: 780-487-5173

Millwoods Lab • Fax: 780-930-1593

Fort McMurray Lab • Fax: 780-791-1994

Meadowlark Cardiac Lab

#234, 156 Street - 89 Avenue
Edmonton, Alberta T5R 5W9

**MIBI • Stress Test • CT Angio •
CT Calcium • ECG • Holter • ABPM**

Millwoods Cardiac Lab

6466 28 Avenue **MIBI • Stress Test**
Edmonton, Alberta T6L 6N3

Fort McMurray Cardiac Lab **MIBI**

404 Lower Level 8600 Franklin Avenue
Fort McMurray, Alberta T9H 4G8

NAME: _____

ADDRESS: _____

INSURANCE #: _____

PHONE: _____

DATE OF BIRTH: _____ M F

To cancel or rebook your appointment
please call Central Booking at 780-669-2222

Site: _____

Date _____ Time _____

MIBI Rest: _____

Stress: _____

ABPM or: _____

Holter Setup: _____

Return: Next day between 07:30 - 11:00

Stress Test: _____

CARDIAC EXAM REQUESTED

Please fax this completed requisition and if available: resting ECG, recent history, consultation report, complete medication list, copy of previous Stress Test, Angiogram, and/or Echocardiogram.

- | | |
|---|--|
| <input type="checkbox"/> Exercise MIBI - Myocardial Perfusion Scan (all sites) | <input type="checkbox"/> Holter Recording |
| <input type="checkbox"/> Persantine MIBI - Myocardial Perfusion Scan (all sites) | <input type="checkbox"/> 24 Hour Ambulatory Blood Pressure Monitoring (ABPM)
(not covered by AH - payment required) |
| <input type="checkbox"/> Exercise Stress Test | <input type="checkbox"/> Coronary CT Angiography (payment required) |
| <input type="checkbox"/> Exercise Stress Test for Driver/Pilot Medical (payment required) | <input type="checkbox"/> Coronary CT Calcium Score (payment required) |
| <input type="checkbox"/> Echocardiogram | |

INDICATION

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis of coronary disease | <input type="checkbox"/> Driver's License Qualification & Third Party Medical
(not covered by AH - payment required) |
| <input type="checkbox"/> Evaluation of extent & severity of coronary disease | <input type="checkbox"/> Risk stratification pre-op: Date _____ |
| <input type="checkbox"/> Investigation of patient with multiple risk factors | <input type="checkbox"/> Operation: _____ |
| | Other _____ |

CHEST PAIN

- | | | | | |
|------------------------------|--------------------------------------|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Typical | <input type="checkbox"/> New | <input type="checkbox"/> Exertional | <input type="checkbox"/> Dyspnea |
| <input type="checkbox"/> No | <input type="checkbox"/> Atypical | <input type="checkbox"/> Chronic | <input type="checkbox"/> Rest | <input type="checkbox"/> Syncope |
| | <input type="checkbox"/> Non-anginal | <input type="checkbox"/> Changing Pattern | <input type="checkbox"/> Nocturnal | |

CARDIAC

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> CABG | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Valvular Heart Disease * | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Stent | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Family History |
| <input type="checkbox"/> MI | <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Rheumatic Fever |

* Stress testing not recommended if aortic stenosis is suspected

PULMONARY

- Asthma
- C.O.P.D.
- Interstitial Lung Disease
- Chest wall Abnormality

GENERAL

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Hepatitis / HIV |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Stroke |

MEDICATIONS

- | | |
|---|---|
| <input type="checkbox"/> Beta Blockers _____ | <input type="checkbox"/> Oral hypoglycemic agents _____ |
| <input type="checkbox"/> Calcium Channel Blockers _____ | <input type="checkbox"/> Bronchodilators _____ |
| <input type="checkbox"/> Nitro _____ | <input type="checkbox"/> Theophylline _____ |
| <input type="checkbox"/> Insulin _____ | <input type="checkbox"/> Other Medications _____ |

REFERRING PHYSICIAN

(Fill in or stamp)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SIGNATURE: _____

COPIES TO: _____

ADDRESS: _____

URGENT REPORT _____

**** ALL EXAMINATIONS ****

Remember to bring the imaging requisition plus your Alberta Health card and photo ID. If you are unable to keep your appointment, please phone 780-669-2222 to reschedule it. (There is no facility to look after small children.)

PATIENT PREPARATION INSTRUCTIONS: Exercise MIBI & Exercise Stress Test:

DO NOT EAT or DRINK for four hours prior to test. **NO caffeine** containing foods or beverages (includes coffee, tea, pop, chocolate and medication with caffeine such as Tylenol #3 or Excedrin) for 24 hours prior to test. Wear a short sleeved shirt with buttons and clean footwear for walking on treadmill. Bring all current medications with you.

PLEASE do not wear perfumes/colognes or any scented products to your appointment.

Exercise MIBI - Myocardial Perfusion scan - with or without Persantine (Dipyridamole)

The heart is imaged in two different phases/ two separate days; while resting and after stress (exercise).

- Check in at the site you are booked at: Meadowlark Diagnostic Imaging at **200 Meadowlark Health Center**, Millwoods at **6466 - 28 Avenue**, Fort McMurray **River City Centre 404 Lower Level 8600 Franklin Avenue**.
- Follow the above patient preparation instructions for both appointments
- The Rest scan appointment takes approximately 1 1/2 to 2 hours
- The Stress scan appointment takes approximately 2 1/2 to 3 1/2 hours

Exercise Stress test - no imaging

- Check in at Meadowlark Cardiac Lab at **234 Meadowlark Health Center** - Use mall entrance 2 or 3
- Follow the above patient preparation instructions
- Appointment takes approximately 45 minutes to 1 1/2 hours

Holter Recording

- Check in at Meadowlark Cardiac Lab at **234 Meadowlark Health Center** - Use mall entrance 2 or 3
- First appointment takes approximately 15 minutes to set up monitor
- Return the next morning between 0730 and 1100h to have the monitor removed - takes 5 minutes to remove

24 Hour Ambulatory Blood Pressure Monitoring - (ABPM)

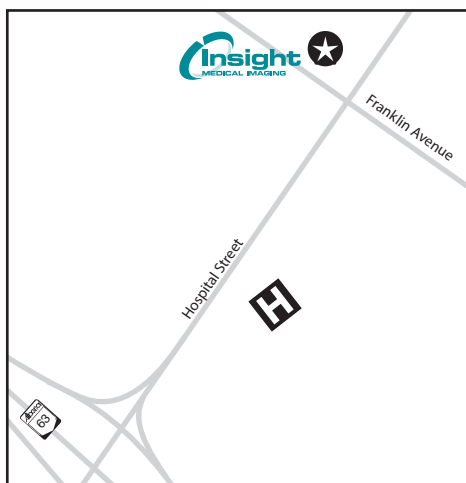
- Check in at Insight Medical Imaging at **200 Meadowlark Health Center**
- Exam is not covered by Health Care - Cost is \$90 for exam - cash, debit, Visa or Mastercard
- Appointment takes approximately 30 minutes to complete paperwork and to set up monitor
- Patient returns the next morning between 0730 and 1100h to have the monitor removed - takes 5 minutes to remove



MEADOWLARK:



FORT MCMURRAY:



MILLWOODS:

