

**YOU MUST BRING THIS REQUISITION TO YOUR APPOINTMENT OR YOUR APPOINTMENT WILL BE CANCELLED**



835 King Street West  
3E, Main Hospital  
Kitchener, Ontario  
N2G 1G3

**Special Testing Unit**  
**PHONE: 519 749-4235**  
**FAX: 519 749-4312**

Outpatient Requisition

Please complete **ALL** sections  
Incomplete requisitions will be  
returned

**\* All Requisitions MUST be faxed to Special Testing \***

**\*It is the referring physician's responsibility to contact patients with appointment details\***

Patient Name Last: _____ First: _____	Address _____ _____	DOB (YYYY/MM/DD): _____ <input type="checkbox"/> M <input type="checkbox"/> F
Health Card #:	Patient Consented Contact Phone #	Can messages be left at this #? <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR TESTS BELOW GO TO SPECIAL TESTING, MAIN ENTRANCE 3<sup>rd</sup> FLOOR, WING E (map on back)**

- |  |  |
|--|--|
| <input type="checkbox"/> Arterial Blood Gases on Room Air  | <input type="checkbox"/> Holter Monitor (48 hrs assumed unless otherwise specified)                |
| <input type="checkbox"/> Arterial Blood Gases on _____ LPMO2   | <input type="checkbox"/> 48 hour <input type="checkbox"/> 24 hour <input type="checkbox"/> 72 hour |
| <input type="checkbox"/> Exercise Oximetry   | <input type="checkbox"/> LOOP-Recorder (2 weeks)   |
| <input type="checkbox"/> HOP (May include ABGs) <input type="checkbox"/> Diagnostic  | <input type="checkbox"/> Stress Test with Consult  |
| <input type="checkbox"/> Pulmonary Function (PF)   | <input type="checkbox"/> Stress Test without Consult   |
| <input type="checkbox"/> Bronchial Challenge (Must send results of full PF test<br>and # sheet done in last 12 months with this request) | <input type="checkbox"/> Tilt Table Test   |
| <input type="checkbox"/> Spirometry only   | <input type="checkbox"/> Echocardiogram (ECHO)   |
| <input type="checkbox"/> Cardio-Pulmonary Exercise Test  | <input type="checkbox"/> Sleep Deprived Electroencephalogram (SDEEG)                               |
| <input type="checkbox"/> Regular Electroencephalogram (EEG)  |  |

**PATIENTS PLEASE:**

- **Notify Special Testing to rebook or cancel appointments – (519) 749-4235**
- **Arrive 15 minutes early to get registered – *Test will have to be rebooked if you are late***
- **Bring your Health Card**

**CLINICAL DIAGNOSIS: (This area MUST be completed or requisition will be returned)**

Referring Physician Name (please print clearly):	Family Physician:	
Phone Number:	Fax Number:	Copies to Dr:
PHYSICIAN SIGNATURE (mandatory):	Copies to Dr:	

Appointment Date & Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

Comments: \_\_\_\_\_

**SEE BACK FOR TEST INFORMATION**

**PLEASE ALLOW YOURSELF EXTRA TIME TO PARK**

[www.grandriverhospital.on.ca](http://www.grandriverhospital.on.ca)

## Preparing for your tests ....

For the safety and comfort of our patients and staff, GRH supports a scent reduced environment. Please avoid wearing perfume, cologne, aftershave, scented hair spray or scented creams and lotions.



### Finding Your Way at GRH

#### Hospital Wings / Legend



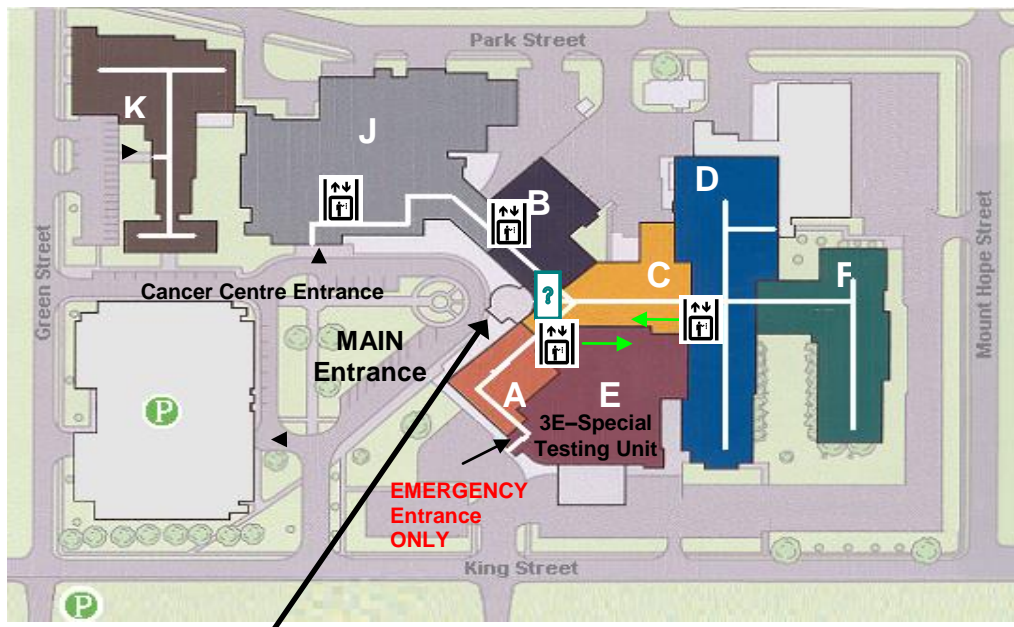
**J** - GRAND RIVER REGIONAL CANCER CENTRE

**K** - KAUFMAN BUILDING

**P** - PARKING

ELEVATORS

Information



<b>Preparing for your tests .... Go to Special Testing Unit 3E – Main Entrance, Grand River Hospital for following tests:</b>
<b>ARTERIAL BLOOD GASES</b> – Exam takes about 15 minutes, no preparation is required.
<b>BRONCHIAL CHALLENGE</b> – Exam takes about one hour. If you have a cold the test cannot be done, contact us at 519-749-4235 to rebook. Bring all your medications or a list of all medications including dose.
<b>CARDIO-PULMONARY EXERCISE TEST</b> – Exam takes about 45 minutes. Wear a short sleeve top, shorts/pants, and comfortable shoes (exercising is on a bike and is part of test). DO NOT exercise the day of the test. No heavy eating/meals 2 hours before your test. NO SMOKING for at least 8 hours before your test. Bring all your medications or a list of all medications including dose.
<b>ECHO (Echocardiogram)</b> – Exam takes about 30 to 45 minutes. Recommend two piece outfit (no dresses). Bring all your medications or a list of all medications including dose.
<b>EEG</b> - Exam takes about one hour. You must have clean, dry hair. NO grease, oil, mousse, spray or gel. If you are scheduled for a sleep deprived EEG, the most important preparation for this test is to ensure your sleep schedule is upset by waking at early hours; example 1:00 -2:00 am. For younger children who nap, schedule test for nap time.
<b>EXERCISE OXIMETRY</b> – Exam takes about 45 minutes. No preparation is required.
<b>HOLTER MONITOR</b> – Exam takes about 20 minutes. Wear loose clothing that buttons in the front. If you have a pacemaker bring your pacemaker identification card to your appointment.
<b>LOOP RECORDER (KING OF HEARTS)</b> – Exam takes about 30 minutes. No preparation is required
<b>PULMONARY FUNCTION &amp; SPIROMETRY</b> – Exam takes about one hour. Bring all your medications or a list of all medications including dose. Try to avoid Ventolin or bronchodilators four hours prior to the test.
<b>STRESS TEST</b> – Exam takes about 30 minutes. Wear a short sleeve top, shorts/pants, and comfortable shoes (suitable for exercising on treadmill). No heavy eating/meals or caffeine 2 hours before test. Some medications <b>should not be taken before this test</b> , contact your family doctor. Bring all your medications or a list of all medications including dose.
<b>TILT TABLE TEST</b> – Exam takes 60 to 90 minutes. Do not eat or drink at least 4 hours before this test.