

Cardio Respiratory & Electrodiagnostic Services (CRES)
(Previously Special Testing)

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 CRES

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 CRES, MAIN ENTRANCE 3rd FLOOR, WING E (map on back)

| | |
|--|---|
| <input type="checkbox"/> Spirometry only and Bronchodilator (6+ years) <input type="checkbox"/> Pulmonary Function and Bronchodilator (9+ years) <input type="checkbox"/> Bronchial Challenge (must send # sheet results of PFT or Spiros done in the last 12 months with this request + list of inhalers patient is on) | <input type="checkbox"/> Holter Monitor (48 hrs assumed unless otherwise specified) <input type="checkbox"/> 48 hour <input type="checkbox"/> 24 hour <input type="checkbox"/> 72 hour <input type="checkbox"/> 7 day <input type="checkbox"/> 14 day <input type="checkbox"/> 21 day <input type="checkbox"/> Stress Test with Consult <input type="checkbox"/> Tilt Table Test <input type="checkbox"/> Echocardiogram (ECHO) (16+ years) <input type="checkbox"/> Sleep Deprived Electroencephalogram (SDEEG) <input type="checkbox"/> Regular Electroencephalogram (EEG) |
| For Internal Respiriologist Only: <input type="checkbox"/> Arterial Blood Gases on Room air OR _____ LPM2 <input type="checkbox"/> Exercise Oximetry <input type="checkbox"/> HOP (May include ABGs) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Cardio-Pulmonary Exercise Test | |

PATIENTS PLEASE:

- **Notify CRES 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): | | Billing #: |
| Phone Number: | Fax Number: | Family Physician: |
| 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.grh.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



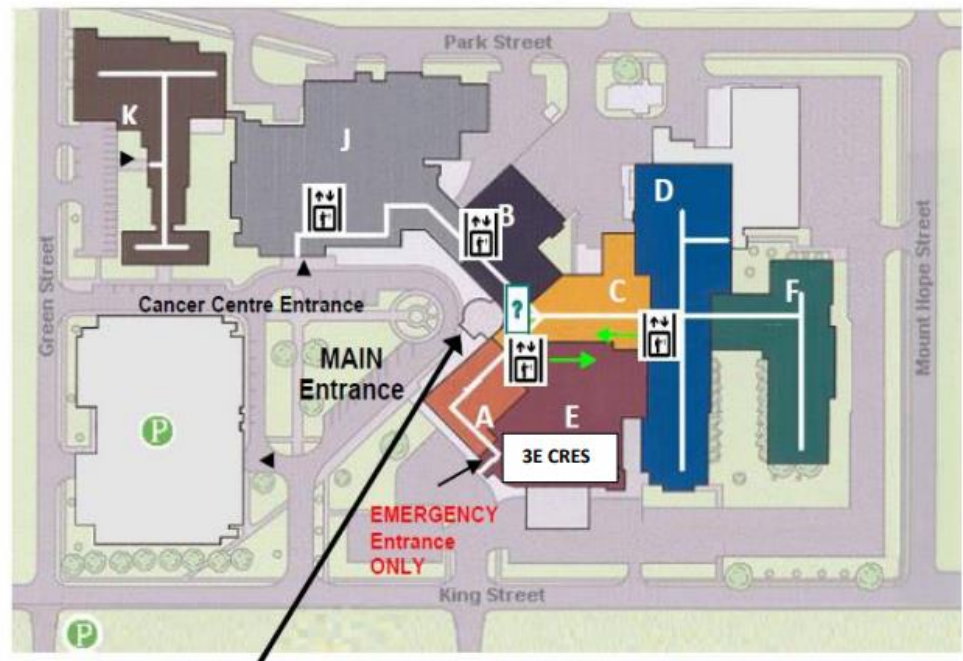
J - GRAND RIVER REGIONAL CANCER CENTRE

K - 40 GREEN

P - PARKING

ELEVATORS

Information



Preparing for your tests Go to CRES Unit 3E – Main Entrance, Grand River Hospital for following tests:

ARTERIAL BLOOD GASES – Exam takes about 15 minutes; no preparation is required.

BRONCHIAL CHALLENGE – Exam takes about 45 minutes. 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.

CARDIO-PULMONARY EXERCISE TEST – 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.

ECHO (Echocardiogram) – 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.

EEG - 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 midnight. For younger children who nap, schedule test for nap time.

EXERCISE OXIMETRY – Exam takes about 45 minutes. No preparation is required.

HOLTER MONITOR – 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.

PULMONARY FUNCTION & SPIROMETRY – Exam takes about 45 minutes. Bring all your medications or a list of all medications including dose. Try to avoid Ventolin or bronchodilators four hours prior to the test.

STRESS TEST – 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 **should not be taken before this test**, contact your family doctor. Bring all your medications or a list of all medications including dose.

TILT TABLE TEST – Exam takes 60 to 90 minutes. Do not eat or drink after midnight.