

Service Requisition Form

Ki Dong Lim Medicine Professional Corp.
and ASSOCIATES 1060 Speers Road, Suite 215
Oakville, ON L6L 2X4

For Appointment:
CALL **905-842-6084**
FAX **905-842-4579**

Please fax recent: labs / medical notes / tests
We contact the patient and book the appointment.

Patient Info

Name: _____

Tel: _____ Cell: _____

DOB (DD/MM/YYYY): _____ Age: _____

Health Card: _____

Family Dr.: _____

CC: _____

SERVICE(S) REQUESTED (Check all that apply):

DIAGNOSTIC TEST CONSULTATION

URGENCY: URGENT (< 2 weeks) NON-URGENT/ELECTIVE (< 4 weeks)

INDICATION(S) FOR CONSULTATION (Check all that apply):

CHEST PAIN DIZZINESS DYSPNEA PALPITATIONS SYNCOPE

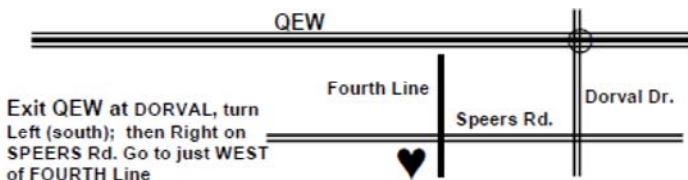
PRE-OP OTHER _____

SPECIAL REQUEST / BRIEF HISTORY: _____

DIAGNOSTIC TESTS (Check all that apply):

Patient Instructions

<input type="checkbox"/> STRESS (ECG) TEST	<ol style="list-style-type: none"> 1. No caffeine, decongestants, or alcohol 24 hours prior to the test. 2. A light breakfast is allowed. Nothing to eat 2 hours prior to stress test. 3. Bring comfortable clothing and shoes to walk on the treadmill. 4. Bring all of your medications, vitamins and a handy list for us.
<input type="checkbox"/> STRESS ECHOCARDIOGRAPHY <ul style="list-style-type: none"> • We will arrange Dobutamine if needed 	
<input type="checkbox"/> ECHOCARDIOGRAPHY / COLOUR DOPPLER <ul style="list-style-type: none"> • We will arrange contrast if needed 	No preparations.
<input type="checkbox"/> 12 - LEAD ECG	
<input type="checkbox"/> HOLTER MONITOR (24/48 HOURS, 7/14 DAYS)	
<input type="checkbox"/> AMBULATORY BP MONITOR (24 HOURS)	



Signature _____ MD