



Thunder Bay Regional
Health Sciences
Centre

Cardio/Respiratory
Diagnostic Testing
REFERRAL REQUISITION

Cardio/Respiratory Bookings Office:

Telephone: 807-684-6680 / Fax: 807-684-5907

Guidelines:

1. Physicians must complete and sign requisitions. Stamps are prohibited. Incomplete requisitions will be returned resulting in delay of study.
2. Fax requisition to [\(807\) 684-5907](tel:8076845907). Completed requisitions will be filed in the booking office.
3. Patients should be given the appropriate test information sheet available online at <http://tbrhsc.net/programs-services/diagnostic-services/cardio-respiratory-services/>

Clinical Indications for Referral: _____

<u>ELECTROENCEPHALOGRAPHY (EEG)</u>	<u>CARDIAC STRESS TEST</u>	<u>HOLTER MONITORING</u>
<input type="checkbox"/> Routine EEG <input type="checkbox"/> Sleep Deprived EEG	<input type="checkbox"/> Regular Stress Test <input type="checkbox"/> Modified Stress Test	<input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input type="checkbox"/> 14 Day

Note: to order a nuclear medicine stress test, use Nuclear Medicine requisition

Physician's Name: _____

(please print)

Physician's Signature: _____

Date: _____