



Thunder Bay Regional  
Health Sciences  
Centre

Cardio/Respiratory  
Diagnostic Testing  
**REFERRAL REQUISITION**

**Cardio/Respiratory Bookings Office:**

Telephone: **807-684-6680** / Fax: **807-684-5907**  
Regional Bookings – Telephone: **1-877-257-6777** 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:** \_\_\_\_\_