Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

| |
|---|
| Name: |
| Date of Birth: |
| CR Number: |
| Telephone number: |

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# Transthoracic, Stress, and Pediatric/Fetal Echocardiogram Order Form

**Date:** _____

***Type of Test:***

- □ **Transthoracic Echocardiogram**
- □ **Treadmill Stress Echocardiogram**
- □ **Bicycle Stress Echocardiogram**
- □ **Dobutamine Stress Echocardiogram**
- □ **Pediatric Echocardiogram**
- □ **Fetal Echocardiogram**

***FOR ADULT TRANSTHORACIC OR PEDIATRIC ECHOCARDIOGRAMS: CHOOSE ALL THAT APPLY***

- □ **LV function**
- □ **Native valve disease**
- □ **Cardiac Source of embolus**
- □ **Oncology LV assessment**
- □ **Murmur**
- □ **Prosthetic Valve function**
- □ **RV function**
- □ **Endocarditis**
- □ **Pulmonary hypertension**
- □ **Pericardial disease**
- □ **Congenital heart disease (please specify):** _____
- □ **Bubble study**
- □ **Other (please specify) :** _____

**Relevant Clinical History (include type/size of prosthetic valve if applicable):**

_____

**FOR STRESS ECHOCARDIOGRAMS ONLY – PLEASE CHOOSE INDICATION**

- □ **Ischemia**
- □ **Assessment of pulmonary hypertension with exercise**
- □ **Low dose dobutamine for assessment of aortic stenosis**
- □ **Assessment of mitral valve disease**
- □ **Viability**
- □ **Other (Please specify):** _____

**Relevant Clinical History:** _____

**FOR FETAL ECHOCARDIOGRAMS ONLY – PLEASE PROVIDE INDICATION AND CLINICAL HISTORY**

_____

_____

**Ordering Physician Name:** _____ **Signature:** _____

**Attending Name (Please print) :** _____ **Contact Number:** _____

**INCOMPLETE REQUISITIONS WILL BE RETURNED.**

**FOR ECHO LAB USE ONLY: FOR STRESS ECHO APPROVAL**

**Approved by:** _____ **Date:** _____