KhscEcho@kingstonhsc.ca
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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
- [ ] Pericardial disease
- [ ] Bubble study
- [ ] Oncology LV assessment
- [ ] Murmur
- [ ] Prosthetic Valve function
- [ ] Congenital heart disease (please specify):
- [ ] Other (please specify):

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


FOR STRESS ECHOCARDIOGRAMS ONLY – PLEASE CHOOSE INDICATION

- [ ] Ischemia
- [ ] Low dose dobutamine for assessment of aortic stenosis
- [ ] Viability
- [ ] Assessment of pulmonary hypertension with exercise
- [ ] Assessment of mitral valve disease
- [ ] 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: __________________________

Khsc Stores # 140057

REVISED SEPT 2018