

**CARDIOLOGISTS**

Louis Kolman, MD, FRCPC
Nakul Sharma, MD, FRCPC, MPH
Nishant Sharma, MD, FRCPC

RESPIROLOGISTS

Daniel John Miller, MD, FRCPC
Thomas Lim, MD, FRCPC
Michael Braganza, MD, FRCPC

OBESITY MEDICINE SPECIALISTS

Andrea Ionescu, MD, FRCPC
Leanne Reimche, MD, FRCPC
Peter Rye MD, FRCPC

#1410 - 10655 Southport Rd. SW
Calgary, AB T2W 4Y1

ph. (587) 393-8482
fax. (587) 393-8773

VITADIAGNOSTICS.CA

REQUISITION FORM

Visit www.vitadiagnostics.ca for online booking options.

Referral Date: _____ (DD/MM/YY)

Appointment Date: _____ (DD/MM/YY)

PATIENT INFO

(Please use address label with valid phone number)

Patient Name: _____

Address (For mailing consult letters): _____

City: _____

Prov: _____ Postal Code: _____

Date of Birth: _____ (DD/MM/YY) Male Female

Phone: _____

AHC: _____

PHYSICIAN INFO

Referring Physician: _____

PRAC ID: _____

Phone: _____ Fax: _____

Family MD: _____

CC Dr.: _____

MD SIGNATURE: _____

ECHOCARDIOGRAM (ECHO)

- Cardiac Structure & Function
- Pericardial Abnormality
- Valvular Heart Abnormality
- Chest Pain
- Other: _____

ELECTROCARDIOGRAM (EKG)

- Chest Pain
- Arrhythmia
- Ischemic Disease
- Other: _____

HOLTER MONITOR 24 hours 48 hours

- Palpitations
- Presyncope/Syncope
- Known Arrhythmia
- Other: _____

EXERCISE STRESS TEST

- Risk Assessment/Risk Factors
- Chest Pain
- Known CAD/Cardiac History
- Other: _____

CARDIOLOGY OFFICE CONSULT

(Please attach referral letter with patient's full address and phone number)

- CV Risk Stratification
- Palpitations / Syncope

PULMONARY FUNCTION TESTING (PFT)

- Indication: _____
- Full Pulmonary Function Testing
(Spirometry +/- Bronchodilator, Lung Volumes, Diffusion Capacity)
- Spirometry With Diffusion
- Arterial Blood Gases

PULMONARY OFFICE CONSULT

(Please attach referral letter)

IM WELLNESS CENTRE

(Obesity/weight management,
for patients with BMI \geq 30)



ADDITIONAL HISTORY:

(Please attach prior testing reports with referral)

URGENT



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PATIENT PREPARATION

WHAT TO BRING:

- Alberta Health Care card
- A piece of picture ID (driver's license or passport)
- A list of all current medications

ECHOCARDIOGRAM (ECHO), ELECTROCARDIOGRAM (EKG), & HOLTER MONITOR:

Please refrain from wearing any lotions, creams or powders on the day of your exam. You may eat, drink and take all medications as prescribed. We ask that you wear comfortable, loose-fitting clothing. Please try to arrive 10 minutes early.

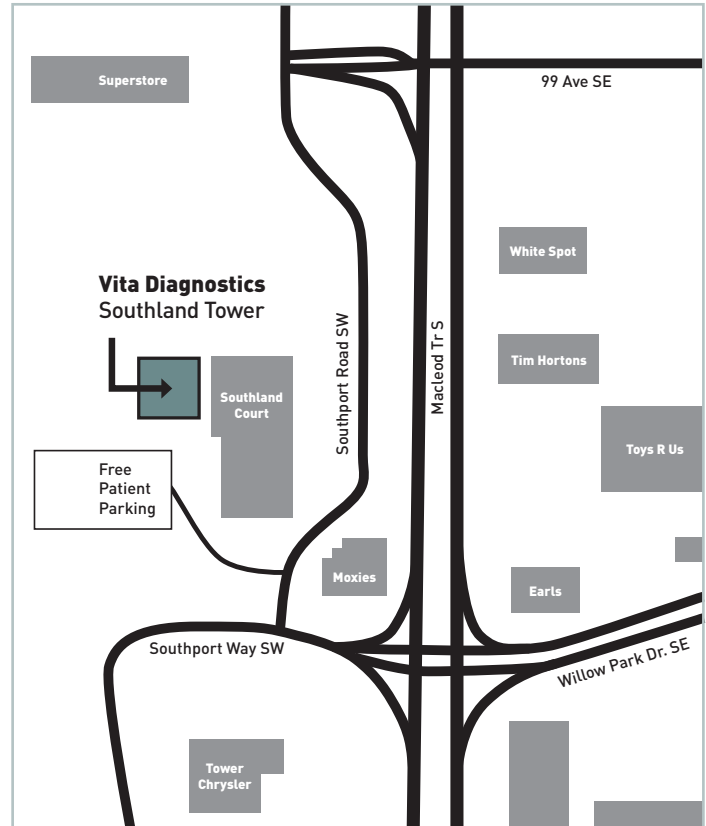
EXERCISE STRESS TESTING:

For two hours prior to your test, we ask that you do not eat, drink or smoke. Take your usual medications unless otherwise directed by your physician. Bring all of your medications with you in the original bottles. Wear comfortable clothes and shoes that are suitable for walking on a treadmill.

PULMONARY FUNCTION TESTING (PFT):

To prepare for your Pulmonary Function Test we ask that you do not suspend taking your inhaled medication prior to testing unless directed to do so by your medical doctor or our office.

PLEASE BRING A LIST OF ALL CURRENT MEDICATIONS TO YOUR APPOINTMENT.



SUITE 1410, 10655 SOUTHPORT ROAD SW

Vita Diagnostics is located on the 14th floor of Southland Tower on the West side of Macleod Trail at 106 Avenue.

PARKING:

There is free parking as well as handicap accessible stalls located to the west and southwest of the building.

TRANSIT:

Our office is one block north of the Anderson LRT station.