



**CARDIOLOGISTS**  
Louis Kolman, MD, FRCPC  
Nakul Sharma, MD, FRCPC, MPH  
Rajat Sharma, MD, FRCPC

**NURSE PRACTITIONER**  
Leisha Naphin, MN, ANP

Suite 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](http://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)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (For mailing consult letters): \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

AHC: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PHYSICIAN INFO

Referring Physician: \_\_\_\_\_

Location: \_\_\_\_\_

PRAC ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Family MD: \_\_\_\_\_

CC Dr.: \_\_\_\_\_

MD SIGNATURE: \_\_\_\_\_

### TESTING REQUESTED

**ECHOCARDIOGRAM (ECHO)**

- Oncology Protocol
- HCM Protocol
- Mobility Issues

**ELECTROCARDIOGRAM (ECG/EKG)**

**EXERCISE STRESS TEST (ETT)**

Is your patient currently on anti-ischemic medications?  Yes  No  
If yes, please provide medication: \_\_\_\_\_

Pretest likelihood of CAD (based on age/gender, +/- symptoms)

- Low  Intermediate  High  Known CAD

**HOLTER MONITOR** (24 hour assumed unless otherwise specified)

- 24 hour  48 hour

**CONSULTATION** (patient may be evaluated by IM/NP)

### INDICATION FOR TESTING

- Cardiac Structure/Function
- Chest Pain
- Palpitations
- Dyspnea/Shortness of Breath
- Known CAD/Ischemic Heart Disease
- Heart Failure/Heart Function
- Post PCI/CABG
- Arrhythmia Specify: \_\_\_\_\_
- Presyncope/Syncope
- Abnormal ECG
- History of MI
- Stroke/TIA
- Murmur/Valve Disease
- Risk Stratification/Family History
- Other: \_\_\_\_\_

**ADDITIONAL HISTORY:**

(Please attach prior testing reports with referral)

**URGENT**

(Must be completed if 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

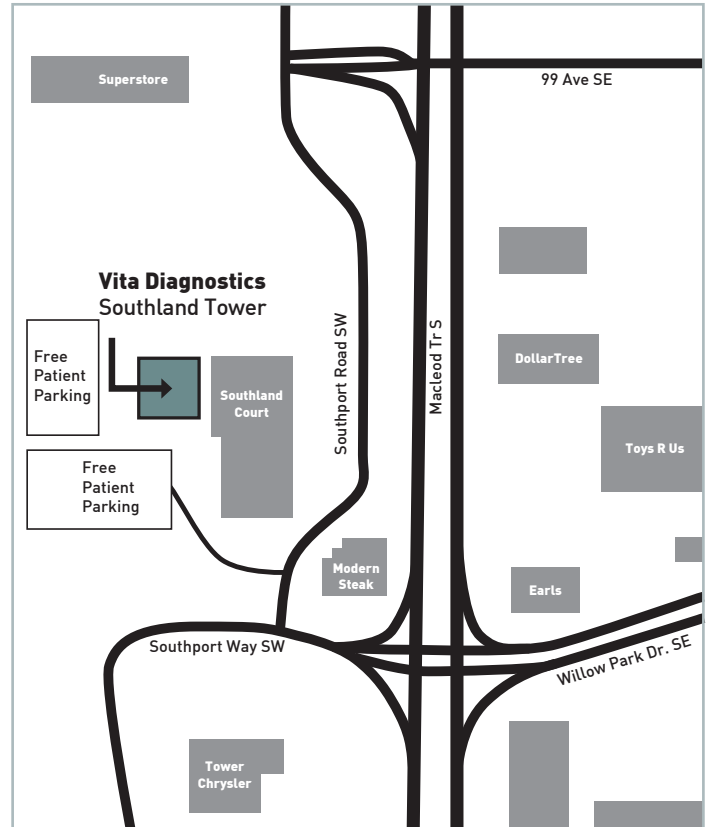
### ECHOCARDIOGRAM (ECHO), ELECTROCARDIOGRAM (EKG), & HOLTER MONITOR:

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.

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



### SUITE 1410, 10655 SOUTHPORT ROAD SW

Vita Diagnostics is located on the 14<sup>th</sup> 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.