



REQUISITION: CLINICAL SERVICES

<input type="checkbox"/> STAT	Date	:	
	Date and time of collection	:	
LAST NAME, First Name	:	Gender	:
Date of birth	:	Medicare #	:
Address	:	Telephone	:
Clinical information	:		
Physician's name	:	Clinic name	:
License number	:	Physician's signature	:

CDL CARDIOLOGY CLINIC

*The cardiology services below are offered at our clinic located at 6900 Decarie boulevard suite 3650.
Please call **514.731.4912** to schedule an appointment.
A valid Medicare card must be presented at the time of the appointment or additional fees will be applied.*

TEST NAME	CDL CODE
<input type="checkbox"/> 24 hour Ambulatory Blood Pressure Monitor	ABPM
<input type="checkbox"/> Cardiac Monitor (Holter) 24 hours	HLTR
<input type="checkbox"/> Cardiac Monitor (Holter) 48 hours	HLTR48

TEST NAME	CDL CODE
<input type="checkbox"/> Echocardiogram	ECHO
<input type="checkbox"/> Stress-Echocardiogram (Stress-Echo)	STCHO
<input type="checkbox"/> Carotid Intima Media Thickness	CIMT

CDL ULTRASOUND CLINIC

*The ultrasound services below are offered at our head office located at 5990 chemin de la cote-des-Neiges.
Please call **514.344.8022 x.333** to schedule an appointment.*

OBSTETRICAL ULTRASOUNDS	CDL CODE
<input type="checkbox"/> Viability / Dating (2)	VIAB
<input type="checkbox"/> 1st Trimester: 11.3 wks to 13.6 wks (incl. nuchal translucency) (2)	1TRI
<input type="checkbox"/> 2nd Trimester: 18 wks to 22 wks (2)	2TRI
<input type="checkbox"/> 3rd Trimester: over 22 wks.	3TRI

GYNECOLOGICAL ULTRASOUNDS	CDL CODE
<input type="checkbox"/> Endovaginal	ENDV
<input type="checkbox"/> Pelvic (2)	PELVUS
<input type="checkbox"/> Endovaginal & pelvic (2)	ENDPE

INSTRUCTIONS
(1) Do not eat six (6) hours prior to the appointment.
(2) Drink two (2) to three (3) glasses of water (approx. 30oz) within 15 minutes, one (1) hour prior to the appointment. <u>Do not urinate.</u>

GENERAL ULTRASOUNDS	CODE CDL
<input type="checkbox"/> Abdominal (1)	ABDO
<input type="checkbox"/> Abdominal & pelvic (1) + (2)	ABDP
<input type="checkbox"/> Thyroid	THYUS
<input type="checkbox"/> Carotid doppler	DOPC

Important information regarding nuchal translucency: A first or second trimester obstetrical ultrasound is a screening exam. It is a very valuable technique used in order to eliminate many anatomic pathologies. Many parameters will be evaluated during the various stages of pregnancy. Nevertheless, a normal ultrasound report does not, in any case, eliminate the risk of a foetal abnormality or a genetic syndrome even if most of anatomic abnormalities will be assessed.

HYDROGEN METHANE BREATH TESTS

*Hydrogen methane breath tests are offered at our head office located at 5990 chemin de la cote-des-Neiges.
Please call **514.344.8022 x.333** to schedule an appointment. Special instructions will be given when the appointment is scheduled.*

TEST NAME	CDL CODE
<input type="checkbox"/> D-Xylose	HBTDX
<input type="checkbox"/> Fructose	HBTFP
<input type="checkbox"/> Glucose	HBTGP
<input type="checkbox"/> Lactose	HBTLP
<input type="checkbox"/> Lactulose	HBLLP

TEST NAME	CDL CODE
<input type="checkbox"/> Maltose	HBTM
<input type="checkbox"/> Mannitol	HBTMN
<input type="checkbox"/> Sorbitol	HBTSP
<input type="checkbox"/> Xylitol	HBTX