



## 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 M-260.  
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	TEST NAME	CDL CODE
<input type="checkbox"/> Echocardiogram	ECHO	<input type="checkbox"/> Cardiology Consultation (RAMQ card required)	
<input type="checkbox"/> Stress-Echocardiogram (Stress-Echo)	STCHO		

### CDL DÉCARIE CLINIC

*The cardiology services below and the standard spirometry test are offered at our clinic located at 6900 Decarie boulevard suite M-196  
Please call **514 341-1777** to schedule an appointment.  
A valid Medicare card must be presented at the time of the appointment or additional fees will be applied.*

CARDIOLOGY	CDL CODE	OTHER TESTS	CDL CODE
<input type="checkbox"/> 24 hour Ambulatory Blood Pressure Monitor	ABPM	<input type="checkbox"/> Cystic Fibrosis Sweat Test	SWEAT
<input type="checkbox"/> Cardiac Monitor (Holter) 24 hours	HLTR	<i>Please fill out the consent form : RR-05-FM-020</i>	
<input type="checkbox"/> Cardiac Monitor (Holter) 48 hours	HLTR48	<input type="checkbox"/> Standard Spirometry (children and adult)	SPMY
<input type="checkbox"/> Cardiac Monitor (Holter) Loop 10 days	LOOP	<input type="checkbox"/> Vaccine (see requisition RR-25-RQ-301 for more detail)	

### CDL ULTRASOUND CLINIC

*The ultrasound services below are offered at our head office located at 5990 Chemin de la Côte-des-Neiges.  
Please call **514 344-8022 x.333** to schedule an appointment.*

OBSTETRICAL ULTRASOUNDS	CDL CODE	GYNECOLOGICAL ULTRASOUNDS	CDL CODE
<input type="checkbox"/> Viability / Dating (2)	VIAB	<input type="checkbox"/> Endovaginal	ENDV
<input type="checkbox"/> 1st Trimester: 11.3 wks to 13.6 wks (incl. nuchal translucency) (2)	1TRI	<input type="checkbox"/> Pelvic (2)	PELVUS
<input type="checkbox"/> 2nd Trimester: 18 wks to 22 wks (2)	2TRI	<input type="checkbox"/> Endovaginal & pelvic (2)	ENDPE
<input type="checkbox"/> 3rd Trimester: over 32 wks.	3TRI		

#### INSTRUCTIONS

**1)** Do not eat six (6) hours prior to the appointment. **(2)** Drink two (2) to three (3) glasses of water one (1) hour prior to the appointment. **Do not urinate.**

*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 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 Côte-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	TEST NAME	CDL CODE
<input type="checkbox"/> D-Xylose	HBTDX	<input type="checkbox"/> Maltose	HBTM
<input type="checkbox"/> Fructose	HBTFP	<input type="checkbox"/> Mannitol	HBTMN
<input type="checkbox"/> Glucose	HBTGP	<input type="checkbox"/> Sorbitol	HBTSP
<input type="checkbox"/> Lactose	HBTLP	<input type="checkbox"/> Xylitol	HBTX
<input type="checkbox"/> Lactulose	HBLLP		