

**Fax Request to
Ambulatory Clinics
613-732-6350 (fax)
613-732-2811 ext 6612**

STRESS TEST BOOKINGS

Patient Name: _____
DOB: _____ MM/DD/YYYY
CPI: _____
Phone Number: _____
Address: _____

- Treadmill Stress Test

APPOINTMENT

Date: _____ MM/DD/YYYY
Time: _____
Doctor: _____

**Patient to register in Tower B, Ground Floor, Diagnostic Imaging
Department, 30 minutes prior to appointment.**

Please review medications when ordering test.

Physician Name: _____ Physician Signature: _____
print