



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/MEDIC/BR18

ECHOCARDIOGRAPHY REQUEST FORM

PATIENT NAME:		MRN NO.:	
CLINIC/WARD:		DATE OF REQUEST:	
BED:		EXT. NO.:	

REQUEST AS

INPATIENT:

OUTPATIENT:

DATE FOR OUTPATIENT ECHO: /TIME:


DEPARTMENT ECHO:

PORTABLE ECHO:

REASON FOR ECHO: Please state the question / clinical to be answer by investigation

CASE PRIORITY:

- URGENT (Please state specific reason)
- SEMI URGENT
- NON-URGENT

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CHARACTERISTIC OF URGENT ECHO:

Likely stroke RED CODE, cardiac tamponade, suspect massive Pulmonary Embolism, acute aortic dissection, new finding murmur followed by acute AMI with suspecting mechanical complication, suspect prosthetic valve, obstructed / clotted, risk of cardiac embolic.

Requesting Medical Officer:

Counter sign by **Medical Specialist /Consultant**

Signature:

Signature:

NAME:

NAME:

STAMP:

STAMP:

CONTACT DETAIL:

**** ALL CASE must be consult by MEDICAL SPECIALIST / CONSULTANT ONLY**