



***FREE MOBILE SERVICE FOR
HOLTER MONITORS***

REQUISITION

Ordering Physician: _____

Billing #: _____ Copy of results to: _____

Cardiology Procedures

☐ **24 Hour Holter Monitoring** (Fast turn around on Holter monitor)

Reason:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Rule out arrhythmia | <input type="checkbox"/> Medication adjustment | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Check-up |
| <input type="checkbox"/> Syncope/Presyncope | <input type="checkbox"/> Family History | <input type="checkbox"/> other: _____ |

Date: _____ Physician Signature: _____

INSTRUCTION TO PATIENTS:

Prior to your appointment, please

- Shower or bathe
- DO NOT use talcum, lotions or perfumes (Deodorant is fine)
- Wear a short sleeved shirt (for blood pressure reading)

MEN

- Be aware the shaving will be required to remove any chest hair where electrode will be placed.

Patient Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

PHN: _____

Please Fax Requisitions to: 604 572 0020

For any question please call: 604-362-7334

"Servicing all of lower mainland"



604-362-7334