



# Cardio Study

## Order a Report

To order a report, complete this form and fax it to 1-800-796-3037

Doctor/Clinic Name \_\_\_\_\_

Fax Number \_\_\_\_\_

Patient First Name \_\_\_\_\_

Patient Last Name \_\_\_\_\_

Health Card Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of Report (check off the report/s you are looking for)

Standard Holter Report \_\_\_\_\_

Strips \_\_\_\_\_

Echo Report \_\_\_\_\_