Cardio Study

Home Holter Requisition

This referral is specifically for Holter service at a patients home. If you have a Cardio Study Holter in your clinic please visit our web site for an in clinic requisition.

Online Requisitions: www.cardiostudy.ca/holterreq

Fax: 1-800-728-7019

(M / F)

Name: ______________________________
(Last Name) *(First Name)*

Test Request Date: ____________________

Date of Birth: ______________________________
Day / Month / Year

Adult (≥ 18): ☐ Pediatric (≤ 17): ☐

H.C.#: ____________________ V.C.: _____

Physician Billing Number: ________________

Referring Physician: ____________________

Signature: ______________________________
(Referring Physician)

Place label / sticker here
(or print info above)

Check off the test requested:

☐ 3 day recording

☐ 14 day recording

☐ Other________________

Indications

☐ Abnormal ECG
☐ Palpitations
☐ Syncope / Fainting Spells
☐ Presyncope / Light-headedness
☐ Chest Pain / Shortness of Breath
☐ Fatigue / Weakness
☐ R/O Atrial Fibrillation / Flutter
☐ Atrial Fibrillation Rate Control
☐ Post Stroke / TIA
☐ Atrial Arrhythmia
☐ Medication Effect
☐ Ventricular Arrhythmia
☐ PACEMAKER ☐ VVI ☐ DDD
☐ Other: ____________________

In office consultation / Telemedicine

☐ **CARDIOLOGY CONSULT**

We offer in office consultation as well as **virtual in home** consultation via telemedicine, and we will schedule the appropriate venue with the patient.

Comments:____