Cardio Study

# BC Home Holter Requisition

(We will ship Holter to patient)

Online Requisitions: www.cardiostudy.ca/bchome

**Fax: 1-800-728-7019**

Name: ______________________ (M / F) ☐ ☐
(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)**

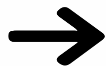
☐ 24 Hours of recording

## *Indications*

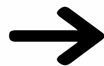
- ☐ Abnormal ECG
- ☐ Palpitations
- ☐ Syncope / Fainting Spells
- ☐ Presyncope / Light-headedness
- ☐ Chest Pain / Shortness of Breath
- ☐ Fatigue / Weakness
- ☐ R/O Atrial Fibrillation / Flutter
- ☐ Atrial Fibrillation Rate Control
- ☐ Post Stroke / TIA
- ☐ Atrial Arrhythmia
- ☐ Medication Effect
-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

## DIRECT TO PATIENTS HOME

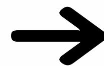
**Send in your Requisition**



**Holter Monitor Sent to Patient Home**



**Virtual Supervised Patient Hook Up**



**Results Sent to You**