



WEST KELOWNA

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24 HR HOLTER MONITOR

(includes Baseline 12-lead ECG)

URGENT

ROUTINE

24 HR AMBULATORY BP MONITOR

(Includes Cardiologist Interpretation) (not MSP covered)

12-lead ECG

Complete Patient Information	(OR AFFIX LABEL HERE)
Name:	DOB:
Gender (circle): M F	PHN:
Phone Number: ()	

INDICATION:

- CHEST PAIN
- PALPITATIONS
- SYNCOPAL EPISODE
- DIZZINESS/PRESYNCOPE
- SOB
- OTHER: _____

DOES PATIENT HAVE PACEMAKER/ICD? YES / NO TYPE: _____

MEDICATION (LIST ALL APPLICABLE): _____

REFERRING PHYSICIAN: _____

MSP#: _____ SIGNATURE: _____

COPY TO: _____

CARDIOLOGY CONSULT REQUESTED FOR ANY OF THE FOLLOWING HOLTER RESULTS:

- ATRIAL FIBRILLATION/FLUTTER
- PATIENT SYMPTOMS - ARRHYTHMIA CORRELATION
- SIGNIFICANT ABNORMALITIES
- ANY OF THE ABOVE