



REQUEST FOR CARDIOVASCULAR SERVICES TESTING

DATE: _____

Patient's Name: _____

Patient's Phone #: _____ Patient's DOB: _____

Clinical Indication:

No Appointment Required:

- ELECTROCARDIOGRAM (EKG)
 WITH RHYTHM STRIP

By Appointment Only: PLEASE CALL 613-345-5649 EXT 51156 OR FAX 613-345-8330

- AMBULATORY MONITORING (HOLTER) 24 HR
 48 HR

- LOOP EVENT MONITORING *** No longer available ***

Ordering Physician: _____

PHYSICIAN'S SIGNATURE: _____

Copy To: _____