



**HEART TO HEART**  
diagnostics inc.

Phone: 1-778-728-1414

Fax : 250 -736 -1032

Email : info@hearttoheartdiagnostics.ca

www.hearttoheartdiagnostics.ca

3855 9th avenue Port Alberni V9Y 4T9

## Holter Monitor and ECG Requisition

Ordering Physician:

Patients General Practitioner:

## Patient Information

First Name :

Last Name:

PHN:

Date Of Birth:

Phone Number \*\*:

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### Referral Intent:

- ECG  ECG and 24 Hour Holter Monitor
- Sleep Apnea Hypopnea Index - (Please note this is not a formal sleep study)
- 24 Hour Blood Pressure Monitor (Self Pay - \$63.00 to be paid at time of test)
- Ankle Brachial Index Test (Self Pay - \$75.00 to be paid at time of test)

### Reason for Testing / Clinical History:

### Patients Last Known Intrinsic Rhythm:

- Sinus Rhythm
- Atrial Fibrillation
- Atrial Flutter
- Junctional Rhythm
- 2nd Degree AV block
- 3rd Degree AV block
- Other

Physician Signature:

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Date:

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