



M-HEALTH 72 HR. HOLTER PATCH HUB REFERRAL FORM

DOCTOR

BILLING #

PHONE

FAX

COPIES TO (DR. NAME AND FAX NUMBER)

REFERRALS WITH MISSING BILLING NUMBER WILL NOT BE ACCEPTED

THIS REQUISITION FORM IS FOR THE 72 HR. PATCH HOLTER MONITOR TEST ONLY (NO CONSULT).

ALL SECTIONS OF THIS REQUISITION ARE MANDATORY.

PLEASE DO ONE OF THE FOLLOWING:

- 1- FAX REQUISITION TO 905.648.1288 AND WE WILL ARRANGE TESTING WITH PATIENT DIRECTLY.
- 2- FAX REQUISITION AND HAVE YOUR OFFICE CALL US AT 905.648.6883 TO ARRANGE TESTING.
- 3- HAND IT TO YOUR PATIENT AND HAVE THEM CALL US AT 905.648.6883 FOR AVAILABLE DATES.

NOTE THE OFFICE DOES NOT OPEN EVERY DAY.

PLEASE DO NOT SHOW UP AT THE OFFICE WITH REQUISITION WITHOUT CALLING FIRST.

NAME

DOB (dd/mm/yy)

ADDRESS

HC #

TELEPHONE

GENDER

DD/MM/YY

INDICATION FOR TEST:

- A-Fib/Flutter R/O
- Chest Pain
- Dizziness
- Palpitations
- Shortness of breath
- Syncope
- Other _____

CURRENT MEDICATIONS:

- ASA
- ACE inhibitor
- ARB
- Beta Blocker
- Statin

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