

Request for Cardiac Tests

Please complete all sections.
Incomplete forms will be returned.

Patient Demographics

Patient Name _____ Gender M F

PHN _____ DoB (mm/dd/yyyy) _____

Address _____ Tel _____

Test Requested

ECGs are available at PGG head office as a drop-in during office hours 9-noon and 1pm-4:30pm. Please have patient bring completed form to the office.

Holter Monitors are booked in advance. Please have patient bring completed form to our office to book in person or fax this referral to 604-620-8724 and we will phone the patient directly with an appointment.

ECG (12 lead) Indication _____

24hr Holter Indication _____

Referring Information

Requesting Dr: _____ MSP _____

Contact Number _____ Fax _____

Additional Physician to be copied

Dr. _____ MSP _____

Dr. _____ MSP _____