

Ambulatory Clinics Monitor Requisition

Ambulatory Clinics, Tower D
715 Mackay Street
Pembroke, ON K8A 0C6
Phone: 613-732-2811 ext.6645 | Fax: 613-732-6350

Patient Label

*Please include current patient address
and phone number

REASON FOR REQUEST:

- | | |
|--|---|
| ☐ Chest Pain | ☐ Post PCI / CABG |
| ☐ Shortness of Breath | ☐ Heart Function / Failure |
| ☐ Palpitations | ☐ Stroke / TIA |
| ☐ Arrhythmia | ☐ History of MI |
| ☐ Dizziness | ☐ Murmur / Valve Disease |
| ☐ Syncope | ☐ R/O A-Fib/Flutter |
| | ☐ Known A/Fib/Flutter |

☐ Other:

Pacemaker Patient ☐ Yes ☐ No
Defibrillator Patient ☐ Yes ☐ No

CURRENT MEDICATIONS:

- | | | |
|--|---|------------------------------|
| ☐ ASA | ☐ Oral Anticoagulant | ☐ Nil |
| ☐ ACE Inhibitor | ☐ Other: | |
| ☐ ARB | | |
| ☐ Beta Blocker | | |
| ☐ Statin | | |

BLOOD PRESSURE MONITOR (PORTABLE BLOOD PRESSURE RECORDING DEVICE)

- ☐ 24 Hour Blood Pressure Monitor
☐ 48 Hour Blood Pressure Monitor

Please note: Patient will be billed a fee for Blood Pressure Monitoring \$75.00

Aware of fee at time of booking?
☐ Yes ☐ No

Aware of fee at time of application?
☐ Yes ☐ No

HOLTER HEART MONITOR

- ☐ 3-Day Monitor *Applied in Ambulatory Clinics.

****Note:** 14-Day Holter Monitor, requests must be submitted using the M-Health Solutions Holter Services Form and faxed directly to 1-888-636-0181. 3-Day Holter Monitor requests may also be submitted to M-Health Solutions.

Please note: Quebec patients are self pay and will be contacted by M-Health Solutions

Physician's Name / Billing No./ CPSO (Please Print)	Physician's Signature	Physician Fax No.
Copy of Report to (Please Print):		
If Hospitalist Fax to Medical Affairs: Date (DD/MMM/YYYY)		Physician Fax No.

Incomplete forms will be returned and will not be fulfilled until requisition is complete.