



Ambulatory Clinics
Monitor Requisition

Ambulatory Clinics, Tower D
715 Mackay Street
Pembroke, ON K8A 0C6
Phone: 613-732-2811 ext. 6612 | Fax: 613-732-6350

REASON FOR REQUEST:

- Chest Pain
- Dyspnea
- Palpitations
- Arrhythmia
- Syncope
- Post PCI / CABG
- History of MI
- Stroke / TIA
- Heart Function / Failure
- Murmur / Valve Disease

CURRENT MEDICATIONS:

- ASA
- ACE Inhibitor
- ARB
- Beta Blocker
- Statin
- Other: _____
- Nil

BLOOD PRESSURE MONITOR (PORTABLE BLOOD PRESSURE RECORDING DEVICE)

24 Hour Blood Pressure Monitor

48 Hour Blood Pressure Monitor

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

HOLTER HEART MONITOR

3-Day Monitor

14-Day Monitor

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

Physician's Name / Billing No./ CPSCO
(Please Print)

Physician Fax No.

If Hospitalist Fax to Medical Affairs

Date (YYYY-MM-DD)

Physician Fax No.

Copy of Report to (Please Print)

Physician's Signature

Aware of fee at time of application?
 Yes No

Aware of fee at time of booking?
 Yes No

Other: _____
Pace maker Patient Yes No
Defibrillator Patient Yes No

*Please include current patient address
and phone number

Addressooraah

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