Hôpital Régional de Pembroke Regional Hospital

Ambulatory Clinics
Monitor Requisition

Patient Label

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

*Please include current patient address and phone number

REASON FOR REQUEST:

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

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

CURRENT MEDICATIONS:

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

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 Monitor - *Please use M-Health Solutions Holter Services Form. If a patient prefers home delivery, 3-Day Monitors can also be requested through 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.

Revised July 2026