



Ambulatory Clinics Monitor Requisition

Addressograph

Ambulatory Clinics, Tower D
715 Mackay Street
Pembroke, ON K8A 0C6

Phone: 732-2811 EXT.6612 | Fax: 732-6350

*Please include current patient address
and phone number

REASON FOR REQUEST:

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

Pace maker Patient Yes No
Defibrillator Patient Yes No
 Other:

CURRENT MEDICATIONS:

- ASA
- ACE Inhibitor
- ARB
- Beta Blocker
- Statin
- Other: _____
- None

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

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./ CPSO
(Please Print)

Physician's Signature

Physician Fax No.

Copy of Report to (Please Print)

If Hospitalist Fax to Medical Affairs

Date (YYYY-MMM-DD)

Physician Fax No.

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