Kawartha Cardiology Clinic

Ambulatory Monitoring Department
327 Charlotte Street,
PETERBOROUGH, ON K9J 0B2
Tel:(705) 740-6888 Fax:(705) 749-9611

HOLTER MONITOR

☐ 24 hrs ☐ 48 hrs

☐ 72 hrs ☐ 14 day

Ambulatory Blood Pressure

24 hrs. ☐ diabetic

Not covered by OHIP

NAME _____

Address _____

Postal Code _____ Phone _____

Date of Birth _____ Age _____

Health Number _____ VC _____

Ref. Physician _____

Family Physician _____

Service Date _____ Time _____

INDICATIONS FOR TEST:

☐ Post Cardioversion
☐ Post MI Screen (wks/ mos/ yrs)
☐ Palpitations
☐ Pre-syncope
☐ Syncope
☐ Fatigue
☐ Suspected Dysrhythmia
  ☐ Bradycardia _____
  ☐ Tachycardia _____
  ☐ Irregular Pulse _____
☐ Known Ischemic Disease
☐ Neurologic Event
☐ Chest Pain
☐ S-T Analysis
☐ Pacemaker Evaluation
  ☐ V VI ☐ V VIR
  ☐ DDD ☐ DDDR
  ☐ AAI ☐ AAIR
  ☐ ICD
☐ Other _____
☐ Evaluation of Rx (Dx) _____
_____
☐ Other _____
LV Grade 1 □ 2 □ 3 □ 4 □

CARDIAC MEDS	DOSE

I accept responsibility for care and return of Kawartha Cardiology Clinic Property, value $3,000. I will return the monitor on the date and time specified.

DAILY LATE FEES:
Holter Monitor $58.00 per day
Blood Pressure Monitor $60.00 per day

PATIENT SIGNATURE _____

RECEIVED FROM PATIENT _____

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