

Holter Requisition Referral

- Call to prebook patient **at their preferred Hook Up Site.**

Site Name	Phone
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Last Name	
First Name	
PHN#	MRN#
Birthdate (dd-Mon-yyyy)	Physician

- To confirm contact information for all sites, visit www.albertareferraldirectory.ca and go to Cardiology Services at RDCHC, Central Zone profile page.

- Ordering Care Provider to complete this request and fax to the preferred Hook Up Site.

Type of Request *(check all that apply)*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> 24 Hour Monitor | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Pacemaker Patient |
| <input type="checkbox"/> 48 Hour Monitor | <input type="checkbox"/> Outpatient | <input type="checkbox"/> Dextrocardia |

Indications for Test *(check all that apply)*

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Stroke Protocol | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Known or Suspected Arrhythmia | | | |
| <input type="checkbox"/> Other _____ | | | |

Medications

Ordering Physician	Signature	Date <i>(yyyy-Mon-dd)</i>
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Family Physician	copy to	copy to
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Office Use - Hook up Facility to complete

For Interpretation after test:

- Upload data to MARS/Cardio Day then FAX completed requisition, Holter activity chart, and an accurate list of Medications to: **Fax 403-309-2805**
- Send SEER Card via AHS mail for downtime: Red Deer Regional Hospital Centre, Cardiology Department PO Box 5030 Red Deer, AB T4N 6R2

Hook up Date	Hook up Time
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Monitor Number

Hook up Staff *(names)*

Monitor Return Date and Time

Date Received by RDRHC	Technician <i>(name)</i>
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