



INTERIOR CARDIAC SERVICES CARDIAC DIAGNOSTICS

URGENT

ROUTINE

Complete Patient Information: (or affix label here)

Patient Name: _____ M F

PHN: _____ DOB: _____

Phone number: (____) _____

12-lead ECG (Walk in only - no appointment needed)

24h Holter Monitor *includes Baseline 12-lead ECG* (Call to confirm availability / appointment time)

INDICATION:

- Chest Pain
- Palpitations
- Syncopal episode
- Dizziness/presyncope
- SOB
- Other: _____

Does patient have pacemaker/ICD?:

Y N

Device type: _____

CARDIOLOGY CONSULT REQUESTED* FOR THE FOLLOWING ECG or HOLTER Results : *(No-charge referral entered on MD's behalf)*

ECG:

- Significant abnormalities
- New atrial fibrillation/flutter

HOLTER:

- New atrial fibrillation/flutter
- Patient symptom-arrhythmia correlation
- Significant abnormalities
- ANY OF THE ABOVE

** If a consult is requested regardless of test results, please send a traditional referral letter for triage purposes (e-form available)*

24h Ambulatory Blood Pressure Monitor* (Call to confirm availability / appointment time)

**Not MSP billable - Includes Cardiologist Interpretation*

Medications: *(List all applicable)* _____ NONE

Referring Physician: _____ MSP# _____ Signature: _____

Copy to: _____

AVAILABLE LOCATIONS:



Kelowna Cardiology Associates

2606 Pandosy St, Kelowna, BC V1Y 1V6

(Walk in ECG, Holter and 24hr BP are by appointment only)

www.okheart.ca

P: (250) 762-9211 F: (250) 762-8337



Vector Diagnostics (In Plaza 97)

#7 – 2483 Main Street, West Kelowna V4T 2E8

(Walk in, call or book online)

www.vectorecg.ca

P: (250) 826-9324 F: 1 (800) 650- 9104

OFFICE USE ONLY:

Hook up date: _____

Recorder #: _____

Time: _____

Tech: _____