ST. MICHAEL'S
UNITY HEALTH TORONTO

**ECG Department**
Phone: 416-864-5075
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7 4 3 7 7

# Cardiovascular Testing Order Form

**Patient ID**

Patient Clinical History: _____

Patient Medications: _____

☐ 12 lead ECG ☐ Urgent ☐ Routine

☐ Signal Averaged ECG ☐ Urgent ☐ Routine

☐ Ambulatory ECG Monitor (Holter) ☐ Urgent ☐ Routine

☐ 24 Hour ☐ 48 Hour ☐ 72 Hour ☐ 14 Days

***Holter Monitor Indication:***

☐ Syncope ☐ Presyncope
☐ Stroke (r/o AF) ☐ Chest Pain
☐ Arrhythmia Burden ☐ Palpitations
☐ Other (specify)

Please contact: MHealth
1-888-636-0186 for any concerns

☐ Graded Exercise Test (Stress Test) ☐ Urgent ☐ Routine

***GXT Indication:***

☐ Chest Pain ☐ Post MI
☐ Exercise Capacity ☐ Post Surgery/PCI
☐ Other (specify)

**Interpreter required?** ☐ YES ☐ NO - Language: _____

Date: _____

Referring MD: _____ Signature: _____

Address: _____

_____

Phone: _____ Fax: _____

Cardiologist - if known _____