Phone: 604-687-9316
Email: referral@burrardecg.com
Fax: 604-687-9166
Hours: Mon-Fri 9:00 am - 4:00 pm
Address: #610-1033 Davie St. Vancouver V6E 1M5

Fax Completed Requisition to: 604-687-9166 or **Email to: referral@burrardecg.com**

Requisition Form

Referring:

Billing #:

Phone #:

Fax #:

Copy to:

Billing #:

Fax #:

Patient Name: _____

PHN: _____

DOB (M/D/Y): _____

Sex: ☐F ☐M ☐Other

Cellphone #: _____

Alt Phone #: _____

Email Address: _____

Reasons for Referral:

☐Arrhythmia ☐Atrial Fib ☐Atrial Flutter ☐Chest Pain ☐Fatigue ☐Follow-up ☐Hypertension

☐Ischemia ☐Palpitation ☐Pre-Operation ☐Risk Stratification ☐Shortness of Breath ☐Syncope

☐Other: _____

☐ **ECG/EKG** (Electrocardiogram) Additional Info: _____

☐ **Stress Test** (Bicycle Ergometry) Additional Info: _____

*Provider to specify if the patient should stop medication before their Stress Test.

Notes:

- Avoid caffeinated drinks such as coffee 3 hours before your Stress Test
- Bring exercise attire (running shoes, shorts, sports bra) for the Stress Test
- If you use an inhaler, please bring it for the Stress Test

Ambulatory Monitoring Additional Info: _____

☐ **Holter** ☐24hrs ☐48hrs

☐ **Patch Holter** (Continuous Recording) ☐5 Days ☐10 Days (Pre-req: Recent Holter & 3 Month Waitlist)

☐ **24-hour Blood Pressure Monitor**
[Blood Pressure Monitors are not covered by MSP. **Regular Price** is $65. **Senior's Price (Age 65+)** is $55]

*Please Note that any incomplete referrals will be returned for completion. *Fax numbers must be included.

Provider Signature: **Referral Date:** MM / DD / YYYY