



Phone: 604-687-9316

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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@burrardlab.com

Requisition Form

<p>Referring:</p> <p>Billing #:</p> <p>Phone #:</p> <p>Fax #:</p>	<p>Patient Name: _____</p> <p>PHN: _____</p> <p>DOB (M/D/Y): _____</p> <p>Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other</p>
<p>Copy to:</p> <p>Billing #:</p> <p>Fax #:</p>	<p>Cellphone #: _____</p> <p>Alt Phone #: _____</p> <p>Email Address: _____</p>

Reasons for Referral:

Arrhythmia
 Atrial Fib
 Atrial Flutter
 Chest Pain
 Fatigue
 Follow-up
 Hypertension
 Ischemia
 Palpitation
 Pre-Op
 Risk Stratification
 Shortness of Breath
 Syncope / Pre-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 (Continuous Recording) 5 Days 10 Days (Pre-req: Recent Holter & 3 Month Waitlist)
 24-hour Blood Pressure Monitor
[This test is not covered by MSP. The fee is \$65, with a reduced fee of \$55 for seniors (Age 65+)]

*Please Note that any incomplete referrals will be returned for completion.

*Fax numbers must be included.

Provider Signature:

Referral Date: MM / DD / YYYY