



Broadway Holter

Phone: (604)-235-7085

Email: broadway.holter@gmail.com

Fax: 604-687-9166

Hours: Mon-Fri 9:00 am - 4:00 pm

Address: #720 - 999 West Broadway, Vancouver V5Z 1K5

Fax Completed Requisition to: 604-687-9166 or Email to: broadway.holter@gmail.com

Requisition Form

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

Reason 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: _____

Ambulatory Monitoring Additional Info: _____

Holter 24hrs 48hrs
 Patch (Continuous Recording) 5 Days 10 Days (Pre-req: Recent Holter & 3 Month Waitlist)
 Spiderflash Monitoring 5 Days 7 Days 10 Days 14 Days
 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+)]

Patient Instructions

<ul style="list-style-type: none"> ● Bring your CareCard ● Do not apply lotion on the chest ● Wear a top with front opening or a loose fitting shirt 	<ul style="list-style-type: none"> ● You cannot shower when wearing the Holter monitor ● You must return the device on an agreed upon date ● Parking is in the rear side of the building
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*Please Note that any incomplete referrals will be returned for completion.

*Fax numbers must be included.

Provider Signature:

Referral Date: MM / DD / YYYY