

REQUEST FOR STRESS TEST / HOLTER MONITOR

Date: _____ Referred By: _____ File # _____
 Out-Pt. In-Pt. Floor _____ Ext. _____

INDICATION: (to be filled out by physician) _____

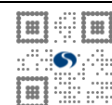
Signature: _____

1. Consider some form of Myocardial Perfusion Imaging (i.e. Persantine or Stress) if there are significant abnormalities on the resting ECG (RBBB, LBBB, LVH, ATRIAL FIB/FLUTTER).
2. Consider Persantine Myocardial Perfusion Imaging if you feel the patient cannot stop antianginal medications or has a disability preventing vigorous exercise. Persantine may aggravate asthma.

REQUISITION FOR	FOR CARDIOLOGY DEPARTMENT USE ONLY
<input type="checkbox"/> Exercise Stress Test	100% _____ 90% _____ % Max Pred Hr 85% _____ MDP _____ RBP _____
<input type="checkbox"/> Exercise Stress Myocardial Perfusion Imaging - to include functional studies	100% _____ MDP _____ % Max Pred Hr 85% _____ RBP _____
<input type="checkbox"/> Persantine Myocardial Perfusion Imaging - to include functional studies	RBP _____
<input type="checkbox"/> Holter Monitor 24 hr	Time of Set Up _____ Recorder # _____
<input type="checkbox"/> Holter Monitor 48 hr	Time of Set Up _____ Recorder # _____
<input type="checkbox"/> Holter Monitor 7 Days	Time of Set Up _____ Recorder # _____
<input type="checkbox"/> Holter Monitor 14 days	Time of Set Up _____ Recorder # _____

Please fax to SAH :705-759-3714

NOTE: This is a **CONTROLLED** document as are all files on this server. Any documents appearing in paper form are not controlled and should **ALWAYS** be checked against the server file versions (electronic version) prior to use



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