

NON-INVASIVE LAB
SCHULICH HEART CENTRE

SUNNYBROOK HEALTH SCIENCES CENTRE
2075 Bayview Avenue, Suite E-248
Toronto, ON Canada M4N 3M5
T: 416-480-6100 ext. 4470
F: 416-480-5740
www.sunnybrook.ca



HOLTER REQUISITION

Check 24 Hrs. 48 Hrs. 72 Hrs. 5 Days. 7 Days. 10 Days. 14 Days.
 INPATIENT OUTPATIENT: (*suggest timeline*) _____

REASON FOR REFERRAL:

STROKE: r/o atrial fibrillation (*24 Hours is recommended standard, 48 Hours if clinically indicated*)

- If inpatient request, please book < 72 hours from requisition date
- If outpatient request, please book < 2 weeks from requisition date

Palpitations Dizziness Presyncope Assessment of therapy
 Myocardial Infarction Post MI
 Pacemaker function: Type (if known) _____
 Dual Chamber Single Chamber Rate Response

Summary of History and Findings:

Previous ECG: Yes No
Digitalis: Yes No

Referring MD:

(*print name*): _____ (*signature*) _____ Pager ID: _____

Date ordered: _____ Time ordered: _____

Fax requisition to 416-480-5740: Date faxed: _____ Time faxed: _____

Appointment booked on: _____