

☐ Owen Sound☐ Markdale☐ Lion's Head☐ Wiarton☐ Meaford☐ Southampton

OS Fax: 1-855-702-1968

Rural Site Fax: 1-855-978-1809

Cardiology/EEG Requisition

Decision Date:

Surname:

First Name:

Date of Birth:

Gender:

Preferred Phone#:

Health Card and VC:

Street Address:

City/Town:

Postal Code:

Ordering Dr/NP:

Family Dr/NP:

C.C.:

GBHS MRN:

☐ ECG.☐ 12 Lead (standard)☐ 15 Lead (reason):☐ HOLTER MONITOR☐ 24H☐ 48H☐ 72H☐ 7 Days☐ 14 Days

Please note: 72H, 7 day and 14 day exams are only available at Owen Sound site and are generally used for evaluation of possible atrial fibrillation in stroke patients

☐ PACEMAKER CHECK
(Owen Sound Only)

Implant Year:

Implant Hospital:

☐ 24 HOUR BLOOD PRESSURE MONITOR

(Owen Sound only. Please note that this is not an OHIP insured service. A user fee will apply.)

EEG Indication (Owen Sound ONLY):

☐ STANDARD☐ SLEEP DEPRIVED

REASON:

Current anti-epileptic medications:

OTHER INFORMATION:

PLEASE USE ECHOCARDIOGRAPHY REQUISITION FOR ALL ECHO REQUESTS

Ordering Physician/NP Signature

Date:

Please complete in full. Incomplete requisitions will result in delay of appointment scheduling**Urgent****Non-urgent**