WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

ELECTROCARDIOGRAM (EKG) REQUISITION

Fax Requests to:
Phone: (519) 254-1727 Fax: (519) 255-2125

INCOMPLETE REQUESTS WILL BE RETURNED

Patient Information (Please Print)

Name: _____ Date of Birth (D/M/Y): _____ Sex: ❒M ❒F

Address: _____ WSIB: _____ Patient's Weight: _____ lbs _____ Kgs

Primary Contact: ( )_____ Secondary# ( ) _____ Patient's Height: _____ ft _____ in

Health Card #: _____ Version Code _____ Patient arriving from external healthcare facility: ❒Y ❒N

❒ 12 Lead EKG

❒ Stress Test

Clinical Indication:

- ❒ Arrhythmias
- ❒ Chest Pain NYD
- ❒ Decreased Heart Rate / Bradycardia
- ❒ Dizziness
- ❒ Dyspnea
- ❒ EKG Changes
- ❒ Palpitations
- ❒ Post MI Follow up
- ❒ Rapid Heart Rate / Tachycardia
- ❒ R10 Pacemaker Malfunction
- ❒ Syncopal Episodes
- ❒ Unstable Angina

Other:_____

Clinical Comments:

_____

_____

_____

List Current Medications:

_____

_____

_____

Interpreting Physician: _____ **(If blank, will be referred to first available)**

Print Referring Physician:_____ Fax Number:_____

Copy to (Drs): _____

Referring Physician Signature: _____

APPOINTMENT:

DATE: _____ **TIME:** _____ **CAMPUS:** _____