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Cardiology Request (Excluding CT Scan)

Date of Exam: _____
 Patient Number: _____
 Appointment Time: _____

Patient Details

M F

Surname: _____
 Forename: _____ DOB: _____
 Address: _____

 Telephone: _____

Referrer Details

Name: _____
 Address: _____

 Phone: _____ Fax: _____
 e-mail: _____

Examination Requested

- ECG
- Echocardiogram
- Holter rhythm monitor
 - 24h- 48h- 72h- 4d- 5d- 1week-
- 24 h BP monitor
- Exercise treadmill ECG
- Stress Echo

Preferred Reporting Cardiologist

Clinical Indication Please include relevant previous diagnostic information or medical history.

Referrer's Declaration

- The correct details have been provided
- I have discussed the examination including any intervention
- I have taken into account the possibility of pregnancy
- There are no known contra-indications to performing the requested examination
- I will ensure the examination results are recorded in the patient's records

Referrer's Signature:

Physiologist's notes

Date: