

Electrodiagnostic Services Request for Exam

<input type="checkbox"/> Routine <input type="checkbox"/> ASAP or now <input type="checkbox"/> STAT <input type="checkbox"/> Timed				
PATIENT INFORMATION	PROVIDER INFORMATION			
First name	Referring practitioner			
Last name	MSP # <input type="checkbox"/> Locum			
Date of birth <small>Year Month Day</small>	Clinic Name Street Address Phone Fax <div style="text-align: center; font-size: 2em; opacity: 0.5;">STAMP</div>			
PHN				
Primary contact number				
MRN (optional)	Primary Care Provider <input type="checkbox"/> Same as ordering practitioner			
Email (optional)	Copy to (full name)			
<input type="checkbox"/> Current Inpatient Unit: _____ Room #: _____				
Pacemaker Clinic Exam Requests O/P Regular Hours Monday-Friday 8am-3pm. Closed weekends and Statutory Holidays (IP/OP) Requests Type of Device: <input type="checkbox"/> ICD (Defibrillator) <input type="checkbox"/> Pacemaker <input type="checkbox"/> Loop Recorder <input type="checkbox"/> RJH – Phone: 250-370-8670 Fax: 250-370-8658 -please include REASON for exam request below.				
<u>Inpatient EDS Contact Information</u> RJH: 2-way Radio, call local 18228 then after beep, 6606 (24 hours) Phone: 250-370-8231 Mon-Fri 0730-1530 VGH: 2-way Radio, call local 14242 then after beep, 6206 (24 hours) Phone: 250-727-4200 Mon-Fri 0730-1530 EDS Exam Requests O/P Regular Hours Mon-Friday 8am-3pm Closed Weekends and Statutory Holidays OHC ONLY- O/P - Mon-Thurs 9am-4pm. Fri 9am-330pm. Closed Weekends and Statutory Holidays. Closed 12-1 for Lunch.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <u>RJH or VGH</u> <input type="checkbox"/> ECG (Electrocardiogram) I/P call 2-way radio O/P Give req to patient-drop in only, hours above <input type="checkbox"/> Treadmill I/P call office phone (numbers above) RJH O/P Fax: 250-519-1871 VGH O/P Fax: 250-727-4083 <input type="checkbox"/> 24-Hour Holter <input type="checkbox"/> 48-Hour Holter I/P RJH Fax: 18658 I/P VGH Fax: 14368 O/P Booking Fax: 250-727-4240 </td> <td style="width: 33%; vertical-align: top;"> <u>SPH only</u> <input type="checkbox"/> 24-Hour Holter Scan <input type="checkbox"/> 48-Hour Holter Scan Fax 250-652-7580 <u>OHC only</u> <input type="checkbox"/> 24-Hour Holter <input type="checkbox"/> 48-Hour Holter <input type="checkbox"/> ECG (Electrocardiogram) Fax: 250-951-9512 </td> <td style="width: 33%; vertical-align: top;"> <u>VGH only</u> <input type="checkbox"/> 7-Day Holter Fax: 250-727-4368 <u>G.I. VGH only</u> <input type="checkbox"/> Esophageal Motility <input type="checkbox"/> 24-Hour pH Probe Fax: 250-727-4240 </td> </tr> </table>		<u>RJH or VGH</u> <input type="checkbox"/> ECG (Electrocardiogram) I/P call 2-way radio O/P Give req to patient-drop in only, hours above <input type="checkbox"/> Treadmill I/P call office phone (numbers above) RJH O/P Fax: 250-519-1871 VGH O/P Fax: 250-727-4083 <input type="checkbox"/> 24-Hour Holter <input type="checkbox"/> 48-Hour Holter I/P RJH Fax: 18658 I/P VGH Fax: 14368 O/P Booking Fax: 250-727-4240	<u>SPH only</u> <input type="checkbox"/> 24-Hour Holter Scan <input type="checkbox"/> 48-Hour Holter Scan Fax 250-652-7580 <u>OHC only</u> <input type="checkbox"/> 24-Hour Holter <input type="checkbox"/> 48-Hour Holter <input type="checkbox"/> ECG (Electrocardiogram) Fax: 250-951-9512	<u>VGH only</u> <input type="checkbox"/> 7-Day Holter Fax: 250-727-4368 <u>G.I. VGH only</u> <input type="checkbox"/> Esophageal Motility <input type="checkbox"/> 24-Hour pH Probe Fax: 250-727-4240
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Brief Relevant Reason REQUIRED: 				
Precautions: 				