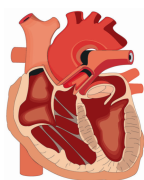

The Medical Specialists
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Fax: 020 7378 9849
www.cardiacscreen.net
www.cardiacscreen.co.uk

INVESTIGATION REQUEST FORM

PATIENT DETAILS:

NAME:

PATIENT ADDRESS:

DATE OF BIRTH:

SEX: MALE / FEMALE

DATE OF REQUEST:

REFERRING DOCTOR:

CLINICAL DETAILS:

INVESTIGATION REQUIRED

Please select a box for the test required.

- REST ECG
- STRESS ECG
- ECHOCARDIOGRAM
- CONTRAST ECHO FOR PFO
- STRESS ECHOCARDIOGRAM WITH CONTRAST
- 24-HR AMBULATORY BP
- 24/48/72/144 HR AMBULATORY ECG MONITOR
- 8 DAY CARDIAC EVENT
- PACEMAKER / ICD CHECK
- LUNG FUNCTION TEST
- CAROTID DOPPLERS
- LEG DOPPLERS

SCREENING FOR SLEEP APNAE

- 24/48/72 HR AMBULATORY OXYGEN SATURATIONS
- 24/48/72 HR AMBULATORY ECG

SIGNATURE OF REFERRER:

FOR APPOINTMENTS:

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- o Fax 020 7378 9849
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- o Rekha Dave 07715749252