



Sanger Heart & Vascular Institute

Place Patient sticker here or fill out demographic information below  
You do not need to do both

**Holter or Event Monitor Request Form**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Room #: \_\_\_\_\_ (PLEASE USE NEUROLOGY REQUEST FORM FOR STROKE PATIENTS)

Patient to be discharged to: \_\_\_\_\_  
(Location) (Phone number)

Best Phone number to reach patient after discharge \_\_\_\_\_

Diagnosis/Indication for Monitoring: \_\_\_\_\_

Cardiac Monitoring Type: (circle) 24-hour Holter 48-hour Holter 30-day Event Monitor

**This section must be completed:**

\_\_\_ Requested by SHVI Physician/ACP (list name) \_\_\_\_\_

OR

\_\_\_ Requested by non-SHVI Physician ACP (list name) \_\_\_\_\_

**NOTE: List the name of the follow up provider who will receive the interpreted final report and will follow up with the patient. Monitor cannot be placed without this information.**

\* Non-SHVI follow-up Provider Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

A referral to Sanger Heart & Vascular Institute will be triggered for critical event monitor findings only.

**NURSING:**

**\*\*This form will need to be completed in its entirety and faxed to the EKG Department. You must also call the EKG ASCOM phone to alert the staff that a monitor is required \*\***

EKG Department contact information:  
Fax: 704 355-8069  
ASCOM: 704 446-0652

**EKG Department Use Only**

- Place an order for "Holter Monitor" in Cerner
- Enroll patient in Preventice on the computer
- Print the enrollment form to take with you
- Patient must sign the enrollment form (the patient does not need a copy)
- Place the signed form in the "Event Monitor" folder in EKG department
- Charge the patient in Cerner