



Electrodiagnostic Services Request for Exam

Name: _____
Date of Birth: _____
MRN: _____
PHN: _____
Phone Number: _____
In-Patient Unit _____ & Room # _____

Routine _____ ASAP or now _____ STAT _____ Timed _____

Physician Information

Requisition Date: _____ Family Physician: _____
Date Required: _____ Additional Copies: _____
Ordering Physician : _____ SIGNATURE _____
(No Residents)

Pacemaker Clinic Exam Requests O/P Regular Hours Monday–Friday 8am to 3pm Closed Weekends & Statutory Holidays

(IP/OP) Requests

RJH – Phone: 250-370-8670 Fax 250-370-8658

**please include REASON for exam request below*

Type of Device:

ICD (Defibrillator)

Pacemaker

Loop Recorder

Inpatient EDS Contact Information

RJH: 2-Way Radio, call local 18228 then after beep, 6606 (24 hours)

Office phone: 250-370-8231 Mon – Fri 7:30 – 15:30

VGH: 2-Way Radio, call local 14242 then after beep, 6206 (24 hours)

Office phone: 250-727-4200 Mon – Fri 7:30 – 15:30

EDS Exam Requests

O/P Regular Hours Monday–Friday 8am to 3pm Closed Weekends & Statutory Holidays

RJH or VGH

ECG (Electrocardiogram)

I/P call 2 way radio

O/P Give req to patient – drop in only, hours above

Treadmill

I/P call office phone (numbers above)

RJH O/P Fax: 250-519-1871

VGH O/P Fax: 250-727-4083

24-Hour Holter

48-Hour Holter

I/P RJH Fax: 18658 I/P VGH Fax: 14368

O/P Booking Fax: 250-727-4240

SPH only

24-Hour Holter Scan

48-Hour Holter Scan

Fax: 250-652-7580

VGH only

14- Day Event Monitor

Fax: 250-727-4368

G.I. VGH only

Esophageal Motility

24 Hr. pH Probe

Fax: 250-727-4240

Brief Relevant Reason REQUIRED _____

Precautions: