



Electrodiagnostic Services Request for Exam

Name: _____

Date of Birth: _____

MRN: _____

PHN: _____

Phone Number: _____

Routine _____ ASAP or now _____ STAT _____ Timed _____

In-Patient Unit _____ & Room # _____

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

(I/P/OP) Requests

Type of Device:

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

☐ ICD (Defibrillator)

☐ Pacemaker

☐ Loop Recorder

**please include REASON for exam request below*

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

SPH only

VGH only

☐ ECG (Electrocardiogram)

☐ 24-Hour Holter Scan

☐ 7-Day Holter

I/P call 2 way radio

☐ 48-Hour Holter Scan

Fax: 250-727-4368

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

Fax: 250-652-7580

G.I. VGH only

☐ Treadmill

☐ Esophageal Motility

I/P call office phone (numbers above)

☐ 24 Hr. pH Probe

RJH O/P Fax: 250-519-1871

Fax: 250-727-4240

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

Brief Relevant Reason REQUIRED _____

Precautions: _____