Indicate preferred site		•	Name Address		
QEQM Margate □					
WHH Ashford □			Hosp No	DoB	
OUTPATIENT REQUEST FOR CARDIAC INVESTIGATION			11039 110	505	
Date	Ward/Clinic/Surgery		Requesting Consultant/GP		
Delaward Madiantian					
Relevant Medication:					
☐ ECG (GP OPEN ACCESS 9am-4.30pm WHH ONLY)		Relevant Clinical Deta	ils:		
☐ 24 HOUR ECG MONITOR					
☐ 3/5/7 DAY ECG MONITOR (CONSULTANT ACCESS KCH ONLY)					
☐ 24 HOUR BP MONITOR					
☐ EVENT MONITOR					
☐ PACEMAKER CHECK		Doctor's Signature Print Name:			

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Revision Date October 2007

		East Kent Hospitals University NHS Foundation Trust	Name		
Indicate preferred site: KCH Canterbury □			Address		
QEQM Margate □					
WHH Ashford □			 	D-D	
OUTPATIENT REQUEST FOR CARDIAC INVESTIGATION			Hosp No	DoB	
Date	Ward/Clinic/Surgery		Requesting Consultant/GP		
Relevant Medication:					
☐ ECG (GP OPEN ACCESS 9am-4.30pm WHH ONLY)		Relevant Clinical Deta	nils:		
☐ 24 HOUR ECG MONITOR			-		
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