

# Cardiac Services

## South West Nova District Health Authority

**For appointments: Fax all requisitions to Central Booking 742-2645**

Office hours are: 8:30 to 12 and 1 to 4:30 Monday to Friday  
1-877-742-2571

- Digby General Hospital     
  Yarmouth Regional Hospital     
  Roseway Hospital

Name Sample, Patient Beta	DOB 1982/03/14
HCN 0001000009	Phone Home/Cell 555-0248
Hospital ID 026459	Phone Work 555-1729

Non-Insured type: \_\_\_\_\_

Appointment Date 2014/07/28

Time 14:30

**Procedure:** Booked appointments are required for **all** procedures except Yarmouth and Roseway Hospitals routine EKGs - Digby Hospital continues to book routine EKGs.

- |   |   |
|---|---|
| <input type="checkbox"/> Routine EKG<br><br><input type="checkbox"/> Holter Monitor, 24 hour<br><br><input checked="" type="checkbox"/> Blood Pressure Monitor, 24 hour | Exercise Stress Test<br><br><input type="checkbox"/> Bruce<br><input checked="" type="checkbox"/> Modified Bruce<br><br><input type="checkbox"/> Loop/Event Recorder _____ weeks<br>(Indicate if required more than one week) |
|---|---|

**IMPORTANT:**

For departmental procedures, Clinics and Sleep Lab referrals, the referring physician is required to enter date, signature and relevant indications & precautions (if any).

<p><b><u>Relevant indications &amp; precautions:</u></b></p> <p>Cras ultricies rhoncus placerat. Aliquam ac sodales purus. Quisque in est libero. Nam malesuada dapibus sapien, imperdiet blandit leo euismod non. Sed varius, magna sit amet posuere ultricies, arcu ligula rhoncus elit, eu elementum nibh nunc id lectus. Pellentesque enim lacus, vestibulum at sem eu, iaculis ullamcorper tortor. Pellentesque mattis feugiat magna vitae elementum. Sed quis sem vel velit posuere lacinia vel ac metus. Vivamus tristique urna eget lorem pretium viverra. Proin pharetra leo arcu. Nullam at pellentesque mi. Sed quis luctus arcu. Integer consectetur ac neque sit amet dictum. Maecenas ultricies massa quis rutrum interdum. In nunc ante, auctor non diam sit amet, pulvinar imperdiet risus. Nunc sit amet dolor neque. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Fusce eu dictum turpis, eu mattis nulla. Aliquam aliquet elit orci, ac cursus justo auctor vel. Curabitur at turpis et lectus malesuada bibendum. Suspendisse luctus nec elit quis convallis. Fusce convallis leo nibh, eleifend vestibulum neque interdum quis. Morbi et dolor.</p> <p>Physician's Signature: <u>DR. REQUESTING</u> </p>	<p>Extra Reports _____</p> <p>Referral Date: <u>2014/07/28</u></p>
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