

THE  
NEWMALDEN  
DIAGNOSTIC CENTRE

In partnership with The Harley Street Clinic

## Cardiovascular Investigation Request Form

Patient Name: \_\_\_\_\_ Private:   
Patient Address: \_\_\_\_\_ NHS:   
\_\_\_\_\_  
Appointment Date: \_\_\_\_\_  
Post Code: \_\_\_\_\_ D.o.B: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Contact Tel: \_\_\_\_\_ NHS number: \_\_\_\_\_ X number: \_\_\_\_\_

### Previous medical history/medication:

### Investigations required (please tick)

Resting 12 Lead ECG  Exercise ECG Stress Test:   
Ambulatory ECG Monitoring: Ambulatory 24 hrs BP monitor:   
24 hours:  Echocardiogram:   
48 hours:   
Event recorder \_\_\_\_\_ weeks   
Other Examinations: \_\_\_\_\_  
\_\_\_\_\_

Is cardiologist's report required

Yes  No

Requested by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Office use only: Charges put on to Meditech  Faxed report: