

24-HOUR AMBULATORY BLOOD PRESSURE MONITOR REQUISITION

The Hypertension Centre

2nd Floor, Outpatient Clinic 40 Ruskin Street

Tel: 613-696-7000 Ext. 15429

Fax: 613-696-7125

Name:

Fax #:

Phone #:

Address:

E-Mail: 24-HR-ABPM@ottawaheart.ca

REFERRING DOCTOR

PAT	IENT	INFORM	MATION
First Name:			
Last Name:			
DOB:			dd-mmm-yyy
H-Phone #:			
Cell #:			
W-Phone #:			
Address:			
MRN #:			
Sex:	□ Male	□ Female	
_CC:			
_			

Instructions for Patient:

- 1. The Hypertension Centre will contact the patient directly to set up an appointment
- 2. No coffee 60 minutes prior to the test
- 3. Wear loose comfortable clothing with a waist belt
- 4. Bring your hospital Green card (if available)
- 5. This procedure is not covered by OHIP
- *** NOTE *** For patients with an upper arm circumference greater than 38 cm, and/or cone shape, the ABPM cuff may not fit properly, resulting in inaccurate ABPM readings and discomfort for the patient.

Notes/Comments:		

Click here to print and fax requisition

Click here to e-mail completed requisition

*** Ambulatory Blood Pressure Monitoring is not covered by OHIP ***

(there is a \$100.00 fee, paid by cheque or cash only at time of appointment)