

ECG Request Form

Part 1 *(To be filled by requesting doctor)*

Name of Patient.....Tel/Mob:

I.D..... Age..... Gender: Male () Female ()

Address.....
.....

Main Complaint:

Present Medical Condition/s:

Present Treatment:

Name of Referring Doctor Reg. No.:

Signature Date:

Part 2 ECG Technician: Date:

(Name & Signature)

Part 3 *(To be filled by Consultant Physician)*

ECG Report:

Recommendations:.....
.....

Date.....

..... *(Name & Signature)*

Part 4 *(To be completed by referring doctor)*

Action taken:

.....

Doctor's name..... Reg. No.....

Signature..... Date:.....