



# Cardiologist Report Query Form

Please email: [helpdesk@cardioscan.com.au](mailto:helpdesk@cardioscan.com.au) or fax: 03 9832 2292 with a copy of the test/trace/reading AND cardiologist report.

<b>JOB NUMBER:</b> <i>(for CardioScan Use)</i>	<b>DATE:</b> /        / <b>TIME:</b>
<b>RECEIVED FROM:</b>	<b>PATHOLOGY/CLINIC :</b> ..... <b>PERSON TO CONTACT:</b> ..... <b>MOBILE NUMBER:</b> ..... <i>(Please only provide mobile number)</i>

Report query for:                      Holter                       ECG                       ABP                       Event Monitor

\_\_\_\_\_  
**Patient Name:**

\_\_\_\_\_  
**Patient ID #:**

\_\_\_\_\_  
**Test date:**

**QUERY:** *(for requesting customer/physician to fill)*

Report clarification/review \*    Missing report/data information \*\*

.....  
 .....  
 .....

\* Physicians to be aware, this query form should only be restricted to report clarification or review. **We do not provide consults**  
 \*\* It is the responsibility of the customer to provide missing report/data information to requesting physician

**RESPONSE:** *(for CardioScan Cardiologist comment)*

CLARIFICATION                       AMENDMENT

.....  
 .....  
 .....

CARDIOLOGIST SIGNATURE: \_\_\_\_\_                      DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      TIME: \_\_\_\_\_:\_\_\_\_\_