

Cardiologist Report Query Form

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

JOB NUMBER: (for CardioScan Use)	DATE: / / TIME:
RECEIVED FROM:	PATHOLOGY/CLINIC : PERSON TO CONTACT: MOBILE NUMBER: <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: ____:____