SKIIN Chest Band Requisition for Holter Study

Services provided by:

MYANT HEALTH

Note to Physicians:

Please submit this requisition via fax: 1.833.747.6445
Please provide a copy of this requisition to your patient so they have the below information.

Holter Study and services are provided by Myant Health. Any questions or request for results must be directed to Myant Health: clinicalsupport@myant.ca or 1.844.722.9977

Note to Patients:

Myant Health will be providing all services related to your Holter study.
Myant Health will be in contact with you about the next steps to perform your Holter test, including sending you a Holter kit in the mail (with a return envelope) along with instructions to help you get started.

Myant Health is available to help, if you have questions call 1.844.722.9977
or email support@myant.ca

Kindly be advised that Dynacare has no information about your Holter test or its results
All questions regarding the test or its findings should be directed to Myant Health.

Patient Information

Last name: _____

First name: _____

Date of birth: YYYY MM DD Sex: ☐ M ☐ F

Health insurance #: _____

Address: _____
No. Street Apt/Unit

_____
City Province Postal code

Phone (home or cell): _____

Email: _____

Consent to be contacted:
Patient agrees to be contacted by Myant Health via email, cell phone or home phone. Note: Myant Health cannot provide service without contacting the patient.

☐ Y ☐ N

Physician Information

Last name: _____

First name: _____

Address: _____
No. Street Office/Unit

_____
City Province Postal code

Phone: _____

Fax: _____

Email: _____

Billing code: _____

Physican signature: _____

Licence #: _____ Date: YYYY MM DD

☐ Request a virtual consult with a cardiologist for the patient if an abnormal result is identified.

Reason for Referral

- ☐ R/O AFib/flutter
- ☐ Known AFib/flutter
- ☐ TIA/Stroke
- ☐ Chest pain
- ☐ Dizziness
- ☐ Shortness of breath
- ☐ Syncope
- ☐ Palpitation
- ☐ Other: _____

Current Medications

- ☐ ACE inhibitor
- ☐ ASA
- ☐ ARB
- ☐ Beta-blocker
- ☐ Statin
- ☐ Oral anticoagulant
- ☐ Other: _____

Contraindications

- ☐ Pacemaker
- ☐ Implanted cardiac defibrillator
- ☐ Pregnant
- ☐ < 18 years of age

Disclaimer: The Holter Monitoring service provided is administered and performed entirely by Myant Health, a third-party vendor. Dynacare is not involved in the execution, processing, or analysis of this study. For information regarding the service, results, or Myant Health's privacy policy, please visit www.myanthealth.com.