Lucile Salter Packard Children's Hospital
STANFORD UNIVERSITY MEDICAL CENTER
725 Welch Road Palo Alto, CA 94304

Medical Record Number

Patient Name

ORDERS • REQUEST FOR PEDIATRIC ECG, ECHO OR HOLTER MONITOR OR EVENT RECORDER

Addressograph or Label – Patient Name, Medical Record Number

Physician: Check all orders that pertain to the patient. Date, time & sign all orders.

Fax (650) 497-8422

Identifying Information

Last Name _____

First Name _____

Date of Birth _____ Height _____

Medical Record Number _____ Weight _____

Patient Data

Cardiac Diagnosis _____

Other Diagnosis _____

Reason for Study:

❑ Evaluate LV function ❑ Complete anatomic evaluation

❑ Evaluate gradient (see diagnosis) ❑ Evaluate aortic arch

Study Requested

❑ Complete Echo (with color/Doppler)
- ❑ 2D
- ❑ Doppler
- ❑ Color

❑ 12 lead ECG
- ❑ Rhythm strip
- ❑ 24 Hour Holter
- ❑ Event Recorder

Ordering Physician Data

Printed Name: _____

Telephone Number: _____

Fax Number: _____

DATE TIME	Provider Signature: Pager:	Noted by: Date/Time
Orders signed	**PRINT** Provider Name:	RN Signature Date/Time