



Alaska
Children's
Heart Center, LLC

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Pediatric Cardiology Consult Form

Reason for consultation: _____ Diagnosis code: _____

Request:

- Cardiology consult with Echo
- EKG Only
- Echo Only
- EKG and Echo Only
- Holter Monitor: 24 hours
- Event Monitor: # of days _____

Patient Name: _____ DOB: _____

Parent or Guardian Name: _____

Phone Numbers: _____

Referring Provider signature: _____

Printed name: _____ Phone #: _____

Additional comments:

*****Please include patient demographics*****