

**Referring Doctor ECG Consult Sheet**  
**Phone number: 303-443-4569      Fax number: 303-443-4568**

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Practice name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Signalment: \_\_\_\_\_

Pertinent medical history AND medications to aid in reading the ECG:

What is your concern on this ECG?

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Time given to doctor: \_\_\_\_\_

Cardiologist's Notes:

Date/Time rDVM notified: \_\_\_\_\_