



Referring Doctor ECG Consult Sheet

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?

Time given to doctor: _____

Cardiologist's Notes:

Date/Time rDVM notified: _____

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