

Eastlake Cardiovascular, P.C.

24211 Little Mack
St. Clair Shores, MI 48080
Telephone: (586) 498-0440
Fax: (586) 498-0401

EVENT MONITOR

PATIENT'S NAME: _____ PHYSICIAN: _____

DATE: _____ TIME: _____

PREPARATION

1. You will be wearing an event monitor for up to thirty days as determined by your physician.
2. Detailed instructions concerning the use of the monitor will be provided at your appointment.
3. A shirt that buttons down the front is preferred.
4. Please return the monitor in the provided postage-paid envelope to Quality Diagnostic Services.
5. **PLEASE BE ON TIME. IF YOU MUST CANCEL OR RESCHEDULE, PLEASE CALL THE ABOVE NUMBER AT LEAST 24 HOURS IN ADVANCE.**