

Eastlake Cardiovascular, P.C.

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

HOLTER MONITOR

PATIENT'S NAME _____

PHYSICIAN _____

DATE _____ TIME _____

PREPARATIONS:

1. WOMEN, A shirt that buttons down the front is preferred.
2. You will be wearing the Holter Monitor for a 24 hour period in which you will be keeping a diary of events and any symptoms you may have.
3. Detailed instructions concerning the use of the monitor will be provided at your appointment.
4. You will be returning to the office on the following day at the same time to be disconnected.
5. **If you need to reschedule your appointment, please give at least a 24 hour notice.** Thank you!