



St. Paul's Hospital

Room 2450 Providence Wing

Tel: 604-806-8032 Fax: 604-806-8410

CARDIOLOGY LABORATORY REQUISITION

ECG

Preop OR time: _____

Signed: _____
PHYSICIAN IN CHARGE; BILLING #

Other instructions:

FOR CARDIOLOGY TECH:

DATE:
TIME:
TECH:



FORM NO EK002 (R.Jul-03)