



Institute of Veterinary Specialists Holter Monitor Request Form

(Effective April 1, 2014)

Client Name: _____

Date: _____

Patient Name: _____

Clinic: _____

Breed: _____

Veterinarian: _____

Age: _____ Weight: _____

Phone: _____

Sex: **Male, Intact** **Female, Intact**
 Male, Neutered **Female, Spayed**

Fax: _____

Reason for Holter Monitoring: _____

Holter Application Date Requested: _____ *We will attempt to accommodate your scheduling needs to the best of our ability, based on current availability. Requests should be received before 3PM, for same day shipment, if Holters are available. We will send a fax to confirm your shipment dates.*

- Please schedule patient appointments carefully. Holter monitors are worn for 24 hours; you will receive a return date when the Holter arrives. Please note, that when the Holter is shipped it will arrive at your clinic between **3PM and 5PM** the next day. An additional fee will apply for a morning delivery if desired. **A \$10 late charge per day for Holter Monitors returned beyond the scheduled due date will be applied.** All late fees accrued will be charged to the credit card provided.
- **Instructions for placement of the Holter monitor must be followed exactly as provided, or the study may be non-interpretable. Refunds will not be issued if the study is non-interpretable. All Holter monitors have passed quality inspections prior to shipment.**
- You will receive a FAX confirmation within 24 hours of the return of the monitor to verify the receipt and that the data is readable. At this time you will be given an approximate processing time for results to be available.
- Total fee includes equipment, supplies, next afternoon shipping to and from your clinic (morning shipment is available for an additional charge), and Holter interpretation with a written report. Please call for pricing.
- If, for any reason, the monitor is not used, your account will be credited 50% of the total fee following its return, inspection, and payment of any late fees.
- All monitors are paid for by your clinic's credit card. You will be contacted by our staff for card information upon receipt of this request.
- By signing this agreement, you agree to be held responsible for the cost of replacing or repairing the monitor or its accessories if lost or damaged. Please note replacement cost for the unit is approximately \$2500.00.

Veterinarian's Signature: _____

Please FAX to 1-888-844-7686

Office Use Only		
Date Sent: _____	<input type="checkbox"/> Next Afternoon <input type="checkbox"/> Priority	Total: _____
Date for Return: _____	Holter # _____	Date Returned: _____