



HEART MAP DIAGNOSTICS

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PATIENT CONSENT / RESPONSIBILITY FORM

Hook Up Date: _____

To Be Returned On: _____

Starting Time: _____

Serial No.: _____

Holter Duration:

24-hours

48-hours

72-hours

To return with Holter

Belt

Bag

Pouch (cover)

Neck strap

Other, please specify:

This is a Heart (Holter) monitor, which is given to me for detection and monitoring of symptoms of arrhythmia. I acknowledge that the monitor is not an **EMERGENCY** device and does not replace a visit to the **Emergency Department** or a call to **911**.

I understand that I am responsible for the monitor that I am taking home. I will take all precautions to take care of the equipment and not misuse it in any way. Any intentional or accidental damage will apply charges according to the cost of the repair or replacement of such device.

NOTE: I will be charged \$100 per every delayed day. There will be charges of \$1,500–\$2,000 for repair or replacement if the monitor is damaged or lost.

I have read and understood the above statement.

Patient Name: _____

Technician Name: _____

Signature: _____

Date: _____