



**Veterinary
Medicine
Specialists
of D/FW**

ECG CONSULTATION FORM

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*All tracings should be recorded in standard positioning of right lateral recumbency, unless a patient cannot tolerate it.

*All tracings should be scanned or mailed (email is preferred) for clear interpretation; do not fax if at all possible.

REQUESTING VETERINARIAN INFORMATION

Doctor _____ Hospital _____

Phone _____ Fax # _____

Email _____

PATIENT INFORMATION

Patient Name _____

Age: Years _____ Month _____ Male/Neutered Female/Spayed Weight _____ LBS / KG

Species _____ Breed _____

Leads Recorded _____ Speed _____ Amplitude Calibration _____

Position of patient during recording: _____

Reason for recording ECG: _____

Pertinent medical history: _____

Therapy to date, including medications with dose and frequency: _____

Results of other diagnostic tests (lab work, radiographs): _____