HeartPlace
The Future Of Cardiology Is Here

PLEASE be sure to bring this diary with you when you return the Holter monitor.
Thank you for your cooperation!

DATE:	PATIENT NAME:
PHYSICIAN:	RETURN DATE:
TECHNICIAN:	HOLTER #:

Please keep a diary of any symptoms you experience during this testing period by using this diary below. Your cooperation in providing the activity and time for each symptomatic episode will provide important information to assist in further diagnosis and treatment. Refer to the time on the patient monitor when recording your diary entries.

Time:	Symptoms:	Activity:

WHEN YOU REMOVE YOUR MONITOR, PLEASE DISPOSE OF THE WHITE ELECTRODES BEFORE RETURNING THE HOLTER TO THE OFFICE.