HORIZON
CARDIOPULMONARY
DIAGNOSTICS

UPTOWN
Medical Specialists

ECG REFERRAL FORM

201–1260 Baltzan Blvd, Saskatoon, SK S7W 1E8
Phone: 306-518-9081 Fax: 306-518-9080

Patients may **walk in during business hours** for ECG testing.

Patient Name: _____

DOB (DD/MM/YYYY): _____

HSN: _____

Phone: _____

Address: _____

Referring MD/NP: _____

Clinic Fax: _____

Clinic Name: _____

Phone: _____