



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/MEDIC/BR19

**HOLTER REGISTRATION FORM**

NAME :  OUTPATIENT  IN PATIENT  
MRN : DATE FOR OUTPT HOLTER: \_\_\_\_\_  
AGE : \_\_\_\_\_  
CLINIC / WARD : \_\_\_\_\_  
DATE OF REQUEST : \_\_\_\_\_  
\*\*NO. TEL : \_\_\_\_\_  
\*\*CURRENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*REASON FOR HOLTER MONITORING:**

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\*\*Requesting by Medical Officer:

\*\*Counter sign by Medical Specialist /  
Consultant:

**\*\* Mandatory fields  
(Incomplete form might be rejected)**