

**OCCLUDED ARTERY TRIAL (OAT)
Holter Monitoring Form
(FOR EP PATIENTS ONLY)**

OAT Form 33
Rev 0 (email)
04/14/2003
1 of 1 Page

29380

Please Use Black Pen To Fill Out Form.

Patient's ID Number: - Letter Code:

Time period: Entry 30 day 1 year **timeprd3** Correction

1. Was Holter recording done? Yes No **holtdone**
2. Date and Time of Holter recording: **fm33dt** **holt_hr** **holt_min**
mm dd yyyy hh mm

**IF YES, SKIP ITEM A.
IF NO, COMPLETE A, SIGNATURE
AND STAFF NUMBER.**

A. Why was Holter not done? Yes No
1. Patient refused **ptrefuse**
2. Physician refused **drrefuse**
3. Unable to contact patient **nocontct**
4. Patient too ill **ptill**
5. Patient died **ptdead**
6. Other, specify below: **nd_otr**

3. Cardiovascular medication taken within 24 hours of Holter: Yes No Unknown
A. Beta-blocker **bbeep**
B. Calcium channel blocker **ccbeep**
C. Digoxin **digoxep**
D. Diuretic **diurep**
E. Spironolactone **spirep**
F. ACE inhibitor **aceep**
G. Angiotensin receptor blocker **angrpep**
H. Amiodarone **amiodep**
I. Sotalol **sotalep**
J. Azimilide **azimiep**
K. Dofetilide **dofetep**
L. Antiarrhythmic, specify below: **antarep**

nd_otrrk

anteprk

Signature: _____ -
OAT Staff Number

FAX THIS FORM TO MMRI 410-323-4729

**IF HOLTER WAS DONE, SEND THIS FORM TO THE
HOLTER CORE LABORATORY WITH THE PC CARD.**