



KVH
Klickitat Valley Health

KVH Electrocardiogram Order Form

FAX FORM TO 509-773-3354

**EKG/ECG services are available Monday - Wednesday from
8:30 AM to 4:30 PM**

A member of our team will reach out to the patient to schedule

Patient Name: _____ DOB: _____

Patient Phone: _____ MRN (if applicable): _____

Date faxed to KVH: _____

Order:

12-Lead ECG/EKG

Reason for ECG (Check all that apply):

Palpitations or irregular heartbeat

Pre-operative clearance

Syncope or dizziness

Baseline for chronic conditions

Medication monitoring (e.g., QT prolongation risk)

Other: _____

Provider Signature: _____ Date: _____

Ordering Provider Name: _____

Ordering Provider NPI: _____

Ordering Provider Fax: _____