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Dear Dr.,

I am pleased to announce the availability of pediatric cardiology services at the above-mentioned location. Please select services requested as below:

- Pediatric Echocardiography
- Holter monitoring
- Pediatric Cardiology Consultation.
- Both Pediatric Echocardiography and Consultation.

Patient Name:

Date of Birth:

Sex:

HCN:

Reason for consult:

- Murmur
- Palpitations
- Exercise induced symptoms
- Dyspnea on exertion
- Syncope
- Family history of sudden death/ cardiomyopathy
- Hypertension
- Chest pain
- Blue episodes
- Other _____