



BLACKROCK
HEALTH

BLACKROCK CLINIC

Freephone: 1800 300 200
Fax: +353 206 4368
Email: radiology@blackrock-clinic.com

Cardiology Booking Form

PATIENT DETAILS

(Please Print)

Name: John Kenneth O'Connor Date of Birth: 09/12/1946

Address: 10 Carrickbrennan Lawn, Monkstown, Co Dublin A94 Y2C6

Phone: 086 3459193 Email: NONE BRC MRN: 368993

ED: ☐ GP: ☐ CON: ☒ IN-PATIENT: ☐ Ward: _____ Room: _____

Appears at risk of falling: ☐ Patient Infection Status: _____

Health Insurance: Yes ☐ No ☐ Insurer VHI Policy No: 3112130

Public Patient: Yes ☐ No ☐ Hospital PO /UAN number: _____

Imaging Required: Echo ☐ DSE ☐ TOE ☐ Stress Echo ☐ Bubble Study ☐

Test Required: Holter ☐ BP ☐ Event ☐ ECG ☒ Pacing ☐ Stress ECG ☐

Clinical Indication: NEW ONSET A FIB POST PVI APRIL 22

Scan required: Urgent ☐ Next available ☐ Future date (please specify): 14/11/23

Referrer's Name: Prof David Keane Reg No: 09849

Referrer's Signature: David Keane Date: 14/11/23

Referrer's Address: SUITE 11 BLACKROCK CLINIC

NB: MUST BE COMPLETED IN CASE OF E.S.T

TECHNICIAN SUPERVISED E.S.T.

"I HAVE EXAMINED THIS PATIENT AND REVIEWED THE ECG. THE PATIENT DOES NOT HAVE AORTIC STENOSIS, CARDIOMYOPATHY, A SERIOUS CARDIAC ARRHYTHMIA OR AN ACUTE MYOCARDIAL INFARCT. IT IS SAFE TO PERFORM A MEDICALLY UNSUPERVISED TREADMILL TEST."

Signed: _____ Date: 20231114

PLEASE ENSURE THE REQUEST FORM IS FULLY COMPLETED, SIGNED AND DATED
INCOMPLETE REQUESTS WILL NOT BE ACCEPTED AND WILL CAUSE PATIENT DELAYS

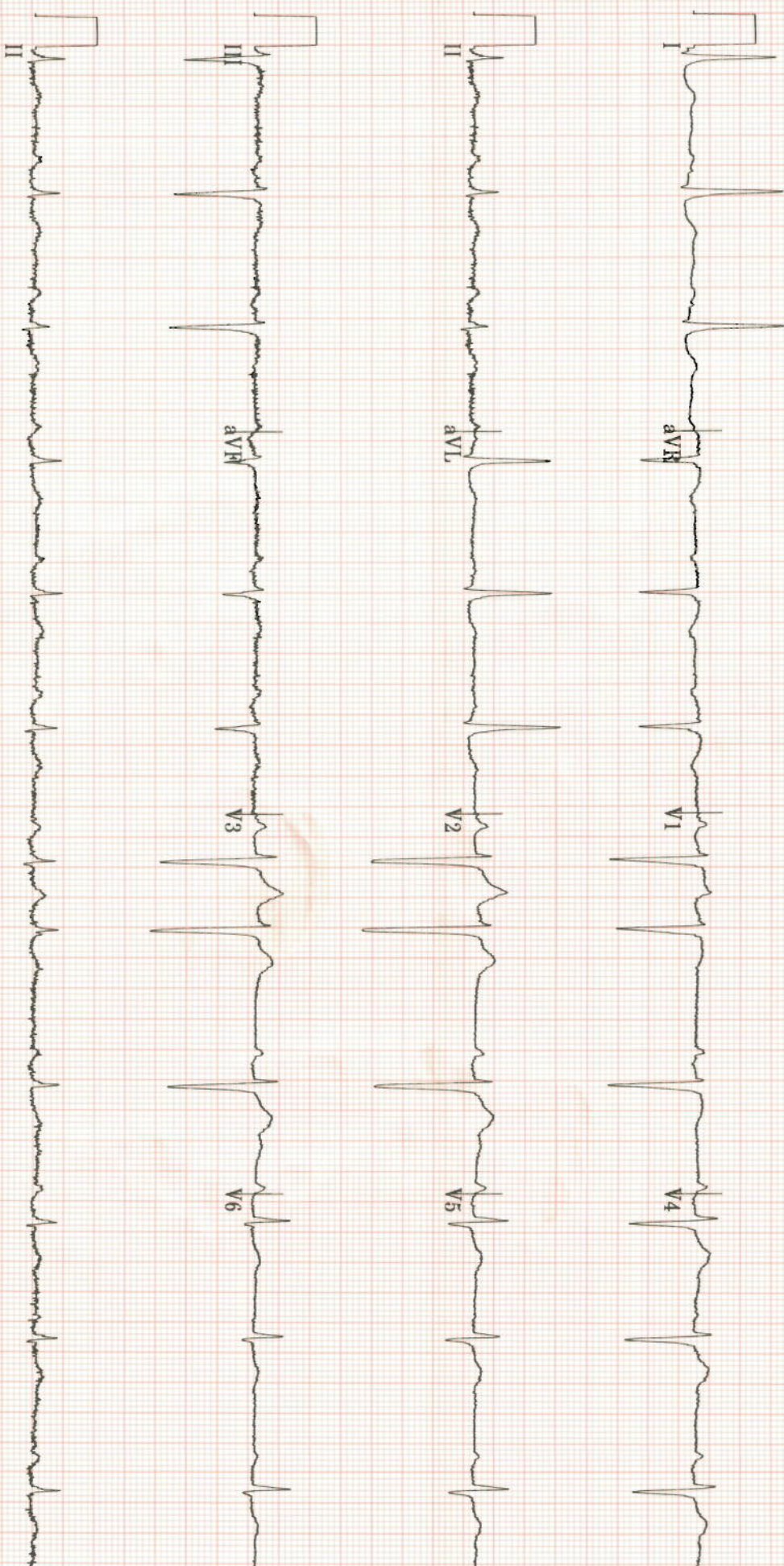
9-Dec-1946 Vent. rate 70 bpm
Male PR interval 218 ms

QRS duration 102 ms
QT/QTc 386/416 ms
P-R-T axes 49 -17 31

Loc: 1

Technician: CM

Order no.: 983200
Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010Bsp1 12SL™ v241

O CONNOR, JOHN

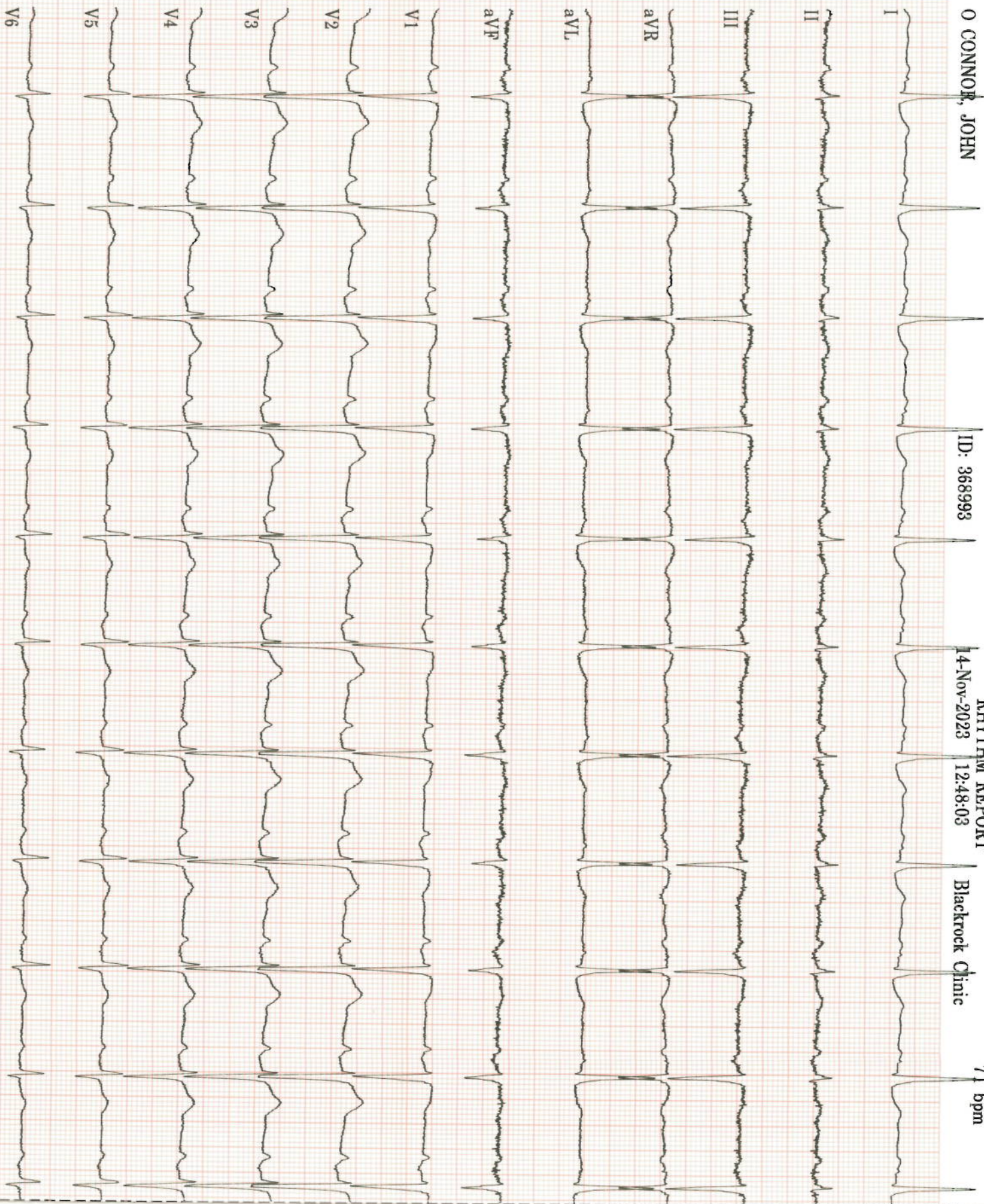
ID: 368993

14-Nov-2023

12:48:03

Blackrock Clinic

71 bpm



0.32-150 Hz

25.0 mm/s

10.0 mm/mV

MAC35 010Bsp1

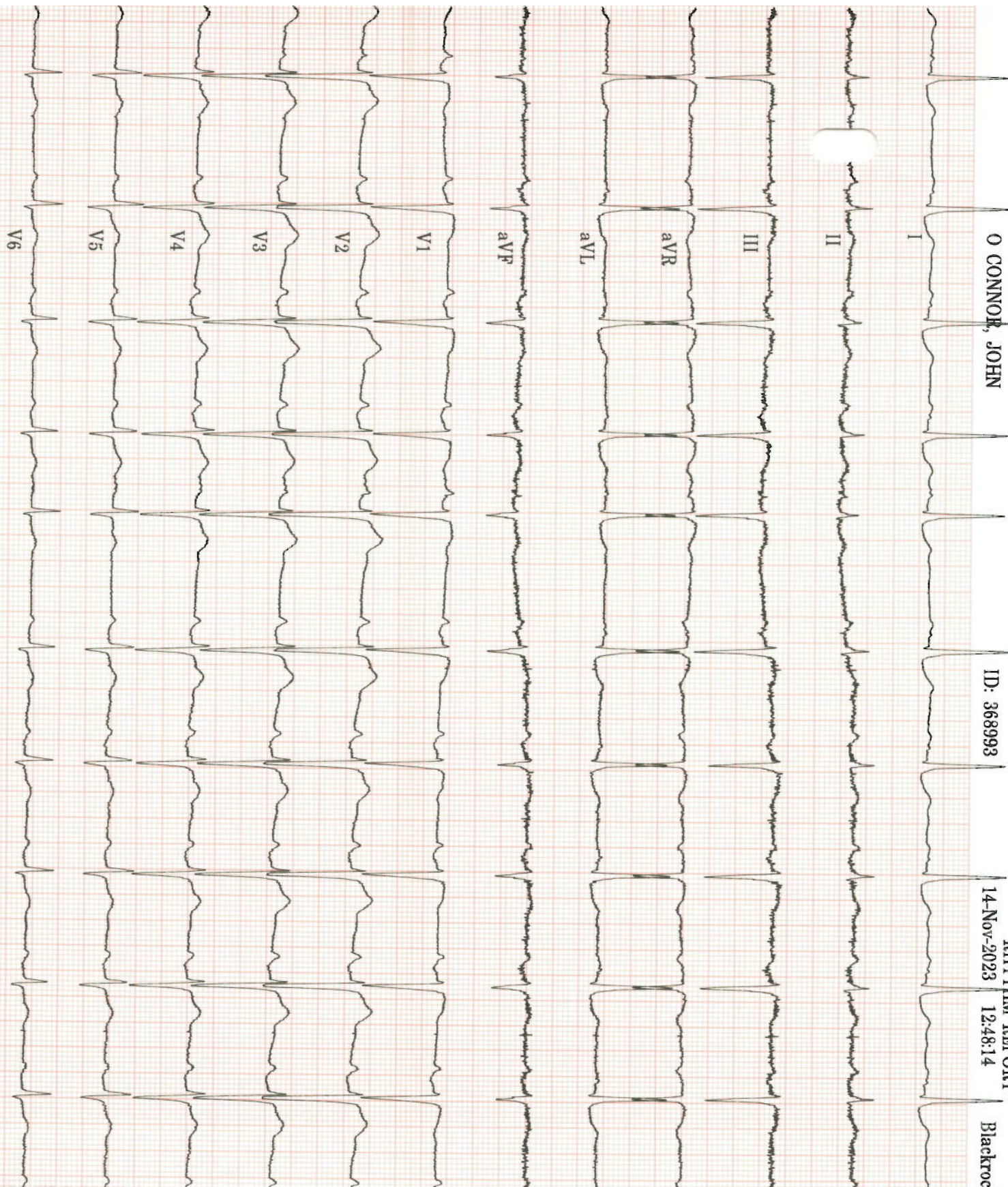
O CONNOR, JOHN

ID: 368993

14-Nov-2023

12:48:14

Blackroc



0.32-150 Hz

25.0 mm/s

10.0 mm/mV