

X-RAY ASSOCIATES

www.xrayassociates.org
 125 Pedersen Drive, Units 3,4, & 5
 Aurora, ON L4G 0E3
 Phone: 905.751.1500 Fax: 905.751.1505

HOLTER DIARY

I agree to return the Holter Monitor to X-Ray associates myself, or have it dropped off by a delegated person on _____ at/by _____ o'clock as requested.

| Time: | Activity: | Symptoms: |
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Examples of Symptoms include: Palpitations (fast heartbeat), dizziness, lightheadedness, chest pain, nausea, shortness of breath.

- Please note:**
- 1. Do NOT swim, shower, or bath while you carry the monitor.
 - 2. Do NOT pull or tamper with the wires or monitor in any way. Avoid bumping or swinging it. Do not rub area of chest where electrodes are placed.

