



Padder Health Services, LLC

1 9710 Patuxent Woods Drive
COLUMBIA, MD 21046
Phone: (301) 560-4PHS(747)
Fax: (301) 776-1725

7350 Van Dusen Road Suite 130
LAUREL MD 20707
Phone: (301) 560-4PHS(747)
Fax: (301) 776-1725

11110 Medical Campus Road #223
HAGERSTOWN, MD, 21742
Phone: (240) 203-9000
Fax: (240) 347-4859

Feroz A. Padder, MD, FACC, FSCAI

Khalid Zirvi, MD, FACC, FSCAI

Sadia Shafi MD, FACC

Tarek El-Sherif, MD, FACC

Michael E. Carlos, MD

Vinay Gulati, MD

Ernest K. Amegashie, MD, FACC

Charu Gandotra, MD

Megan McDevitt, PA-

Julie E. Cathor, PA-C

Kelsey Harman, MSN, NP-C

Written Confirmation of Dispensing Order – Holter Monitor

Patient Information :

Patient Name: _____ Patient DOB : _____

Ordering Physician: _____ Duration: _____

Device Serial #: _____ Start Date/Time: _____

I, _____ agree to return the Rhythm Star Event Monitor back to Padder

Health Services, LLC. The monitor will be returned no later than _____ by 4:30 pm

If the device is not returned by this date; I will be charged \$50.00 per day until it is returned. This fee will be required to be paid before any future visits at Padder Health Services, LLC. **If I do not return the holter monitor to office or return the holter monitor damaged, I will be charged a fee of \$2,400.00 for the cost of replacing the device.** This fee will also be required to be paid prior to any future visits at Padder Health Services.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Event/Holter Monitor In Office Checklist:

Holter monitor

Charger Port/Block

Box

Electrodes/Stickers

Bag

Deposit Taken



Padder Health Services, LLC

9710 Patuxent Woods Drive
COLUMBIA, MD 21046
Phone: (301) 560-4PHS(747)
Fax: (301) 776-1725

7350 Van Dusen Road Suite 130
LAUREL MD 20707
Phone: (301) 560-4PHS(747)
Fax: (301) 776-1725

11110 Medical Campus Road #223
HAGERSTOWN, MD, 21742
Phone: (240) 203-9000
Fax: (240) 347-4859

Feroz A. Padder, MD, FACC, FSCAI

Khalid Zirvi, MD, FACC, FSCAI

Sadia Shafi MD, FACC

Tarek El-Sherif, MD, FACC

Michael E. Carlos, MD

Vinay Gulati, MD

Ernest K. Amegashie, MD, FACC

Charu Gandotra, MD

Megan McDevitt, PA-

Julie E. Cathor, PA-C

Kelsey Harman, MSN, NP-C

Written Confirmation of Dispensing Order – Event Monitor

Patient Information :

Patient Name: _____ Patient DOB : _____

Ordering Physician: _____ Duration: _____

Device Serial #: _____ Start Date/Time: _____

I, _____ agree to return the Rhythm Star Event Monitor back to Padder Health Services, LLC. The monitor will be returned no later than _____ by 4:30 pm

If the device is not returned by this date; I will be charged \$50.00 per day until it is returned. This fee will be required to be paid before any future visits at Padder Health Services, LLC. **If I do not return the event monitor to office or return the event monitor damaged, I will be charged a fee of \$2,400.00 for the cost of replacing the device.** This fee will also be required to be paid prior to any future visits at Padder Health Services.

Event/Holter Monitor In Office Checklist:

Holter monitor

Charger Port/Block

Box

Electrodes/Stickers

Bag

Deposit Taken

Turn to Back →

****Deposit Information:****



Padder Health Services, LLC

A deposit of \$150 is required for the reservation of the above-mentioned device. This deposit **will be refunded in full upon the return of the device in its original condition.**

****Refund Process:****

1. The device must be returned within 1 days from the date of completion.
2. Inspection will be conducted to ensure the device is in its original condition.
3. Upon successful inspection, the \$150 deposit will be refunded to the original payment method.

****Terms and Conditions:****

1. The deposit is non-refundable if the device is not returned within the specified duration.
2. Any damages or missing components may result in a deduction from the refund amount.
3. The refund will be processed within 3 days after the successful inspection.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____