

# NEWPORT COAST CARDIOLOGY

## HOLTER MONITOR POLICY

I certify that the following instructions have been explained to me regarding the monitor that I am wearing:

- If an electrode comes off, I am to reattach it to the area where it was originally placed.
- If I am experiencing a reaction to my skin from the electrodes, I am to contact the office right away.
- I am **NOT** to remove the monitor on my own, unless so instructed; the monitor will be removed by the office staff.
- I am responsible for returning the monitor and the belt that I am wearing with the monitor.
- **DO NOT BATHE OR SHOWER** while wearing the monitor
- If there is any damage caused by misuse or loss on my part, I am responsible to pay for any replacement that may be necessary.

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Patient Signature

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Date