



# IMPORTANT PRE-SURGICAL REQUIREMENT FOR THE PATIENT WITH AN INTERNAL CARDIOVERTER-DEFIRILLATOR (ICD)

## TO BE COMPLETED BY THE OPERATING PHYSICIAN & FORWARDED TO THE EP

Please Print Legibly

Operating Surgeon: \_\_\_\_\_ Scheduler/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

D.O.S.: \_\_\_\_\_ Procedure: \_\_\_\_\_

Description: \_\_\_\_\_

Intended type of anesthesia:  MAC  GENERAL

Physician intends to use the unipolar bovie:  YES  NO

## TO BE COMPLETED BY THE ELECTROPHYSIOLOGIC PHYSICIAN (EP)

Please Print Legibly

EP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Internal Cardioverter-Defibrillator (ICD): \_\_\_\_\_

Indication for ICD placement: \_\_\_\_\_

Identification of patient's underlying rhythm: \_\_\_\_\_

Date of last antitachycardia "shock": \_\_\_\_\_

Remaining battery life: \_\_\_\_\_ Length of last capacitor charge time: \_\_\_\_\_

What effect does a magnet have on this particular ICD? \_\_\_\_\_

Will a **post-operative ICD exam** by an EP physician be required **BEFORE** discharge?  YES\*  NO

*\*must be arranged in advance by the surgeon's office, EP's office, patient and surgery center*

Additional Information/Notes:

**COMPLETE & FAX TO EYE ANESTHESIA (314) 686-4201**

Eye Anesthesia, LLC • 12990 Manchester Road, Suite 103 • St. Louis, MO 63131 • (314) 476-0201

\_\_\_\_\_  
Signature of Electrophysiologic Physician

\_\_\_\_\_  
Date