



IMPORTANT PRE-SURGICAL REQUIREMENT FOR THE PATIENT WITH AN INTERNAL CARDIOVERTER-DEFIBRILLATOR (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:

Signature of Electrophysiologic Physician

Date

COMPLETE & FAX TO _____