



BAY REGION
HEART & VASCULAR

1900 COLUMBUS AVE • BAY CITY, MI 48708
(989) 894-3278 • FAX (989) 891-0908

2110 S. M-76, STE. 8 • WEST BRANCH, MI 48661
(989) 516-0100 • FAX (989) 345-0485

PROCEDURE PACKET/ORDER

PATIENT NAME: _____ DOB: _____ DR: _____

PHONE: _____ DIAGNOSIS: _____ DATE: _____

INSURANCE: _____ 2nd OPTION: _____

PROCEDURE:	EP STUDY	EP STUDY WITH ABLATION	CARTO NOTIFIED: YES	NO
	TEE	CV	TILT	TREADMILL STRESS TEST
	PPM	ICD	BIV-ICD	BIV-PPM LOOP RECORDER GENERATOR CHANGE

DEVICE VENDOR: SJM MEDTRONIC BOSTON SCIENTIFIC BIOTRONIK NOTIFIED: YES NO

HOSPITAL: _____ DATE: _____ TIME: _____ SCHEDULED WITH: _____

LABS TO BE COMPLETED: CHEM 7, MG, CBC, PT/INR, PTT, BETA/HCG FOR WOMEN LESS THAN 45

ORDERED BY: _____ FAMILY DR: _____ PHONE: _____ NOTIFIED: _____

Instructions: _____

EP/IMPLANT CONSENT FORM: _____ SIGNED: _____

ICD/BIV REGISTRY FORM: _____ SIGNED: _____ FAXED: _____

ALLERGIES: _____

DIABETES: _____ DIET CONTROL: _____ ORAL: _____ INSULIN: _____

ANTICOAGULATION (COUMADIN/ASA/PRADAXA): _____

ECHO: _____ DATE: _____ HOSPITAL: _____

PREVIOUS CATH: _____ DATE: _____ HOSPITAL: _____

DRUG THERAPY - PATIENT NOTIFIED TO HOLD ALL ANTIARRHYTHMIC MEDICATIONS (INCLUDING CALCIUM CHANNEL BLOCKERS AND BETA BLOCKERS) **PRIOR TO EP STUDY. CONSULT DR. MAHMUD FOR HOW LONG**

ANTIARRHYTHMICS: _____

BETA BLOCKERS: _____

CA CHANNEL BLOCKERS: _____

(INITIALS) SCHEDULED BY: _____ LPN/RN: _____ PACKET: _____

PATIENT RECORDS ATTACHED:

<input type="checkbox"/> CURRENT MEDICATION LIST	REPORT DATE _____	<input type="checkbox"/> RECENT CONSULT	REPORT DATE _____
<input type="checkbox"/> RECENT EKG OF ARRHYTHMIA	_____	<input type="checkbox"/> HOLTER	_____
<input type="checkbox"/> CHEST X-RAY (PA/LATERAL)	_____	<input type="checkbox"/> H&P	_____
<input type="checkbox"/> ECHO	_____	<input type="checkbox"/> RECENT LABS	_____

ORDERING PHYSICIAN SIGNATURE

DATE

TIME

ADDRESSOGRAPH



100B

**PROCEDURE/ORDER
PACKET**