

## McLaren Print System Order

Order No: 77874  
 Order Date: 2023-06-15  
 User: Tiffany Glover  
 Phone: 989-894-6926

Ship Location: Attn Tiffany  
 1900 Columbus Ave South Tower 4th Floor  
 Bay City , Michigan 48708

### Forms

Quantity: 500  
 Paragon Dept No: 69430  
 Dept Name: Bay Heart and Vascular  
 Company Number: 210

Order Total Price: 59.00

Item Number: BRHV-2002  
 Item Description: Procedure Packer/Order  
 Revision Date: 04/2021  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info:

**McLaren**  
 BAY HEART & VASCULAR

1900 COLUMBUS AVE • BAY CITY, MI 48708 (889) 894-3278 • FAX (889) 891-0908  
 2110 S. M-76, STE. B • WEST BRANCH, MI 48661 (889) 516-0100 • FAX (889) 343-0485

**PROCEDURE PACKET/ORDER**

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ DR. \_\_\_\_\_  
 PHONE \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE \_\_\_\_\_  
 PROCEDURE: EP STUDY EP STUDY WITH ABLATION 2<sup>ND</sup> OPTION CARTO NOTIFIED YES NO  
 TIE CV TLT TREADMILL STRESS TEST  
 PPM ICD BVACO BV/PPM LOOP RECORDER GENERATOR CHANGE

DEVICE VENDOR: S.M. MEDTRONIC BOSTON SCIENTIFIC BIOTRONIK NOTIFIED YES NO  
 HOSPITAL \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ SCHEDULED WITH \_\_\_\_\_  
 LABS TO BE COMPLETED: CHEM 7, MG, CBC, PT/INR, PTL, BETA/NGF FOR WOMEN LESS THAN 45  
 ORDERED BY \_\_\_\_\_ FAMILY DR. \_\_\_\_\_ PHONE \_\_\_\_\_ NOTIFIED: \_\_\_\_\_  
 Instructions: \_\_\_\_\_

EP/ABLACTION CONSENT FORM \_\_\_\_\_ SIGNED: \_\_\_\_\_  
 ICD/IV REGISTRY FORM \_\_\_\_\_ SIGNED: \_\_\_\_\_ FAXED: \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 DIABETES \_\_\_\_\_ DIET CONTROL \_\_\_\_\_ ORAL \_\_\_\_\_ INSULIN \_\_\_\_\_  
 ANTICOAGULATION (COURMADINASA/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. MAHMOUD FOR HOW LONG

**ANTIARRHYTHMICS:** \_\_\_\_\_  
**BETA BLOCKERS:** \_\_\_\_\_  
**CA CHANNEL BLOCKERS:** \_\_\_\_\_

(INITIALS) SCHEDULED BY: \_\_\_\_\_ UP/ARN: \_\_\_\_\_ PACKET: \_\_\_\_\_

PATIENT RECORDS ATTACHED:

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

ORDERING PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

1900 COLUMBUS AVE SOUTH TOWER 4TH FLOOR BAY CITY, MI 48708  
 (889) 894-3278