

McLaren Print System Order

Order No: 82276
 Order Date: 2024-01-11
 User: Cami Demo
 Phone: 9898943278

Ship Location: Bay Heart & Vascular/ Attn: Cami Demo
 1900 Columbus, South Tower 4th Floor
 Bay City, MI 48708

Forms

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

Order Total Price: 59.00

Item Number: BRHV-2002
 Item Description: Procedure Pakekt/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
 (989) 894-3278 • FAX (989) 891-0908

2110 S. M-74, STE. B • WEST BRANCH, MI 48661
 (989) 516-0100 • FAX (989) 343-0485

PROCEDURE PACKET/ORDER

PATIENT NAME _____ DOB _____ DR. _____
 PHONE _____ DIAGNOSIS _____ DATE _____

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

DEVICE VENDOR: SIM MEDTRONIC BOSTON SCIENTIFIC BIOTRONIK NOTIFIED: YES NO
 HOSPITAL _____ DATE _____ TIME _____ SCHEDULED WITH _____
 LABS TO BE COMPLETED: CHEM 7, MG, CBC, PT/INR, PTT, BETAHCG FOR WOMEN LESS THAN 45
 ORDERED BY _____ FAMILY DR. _____ PHONE _____ NOTIFIED: _____
 Instructions: _____

EMPLANT CONSENT FORM _____ SIGNED: _____
 ICD/IV REGISTRY FORM _____ SIGNED: _____ FAXED: _____
 ALLERGIES: _____
 DIABETES _____ DIET CONTROL _____ ORAL _____ INSULIN _____
 ANTICOAGULATION (ICOU/ADONVASA/PRADAXA) _____
 ECHO: _____ DATE _____ HOSPITAL: _____
 PREVIOUS CATH _____ DATE _____ HOSPITAL: _____

DRUG THERAPY - PATIENT NOTIFIED TO HOLD ALL ANTIARRHYTHMIC MEDICATIONS (INCLUDING CALCEAM
 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 (EKG 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 _____

1000 PROCEDURE ORDER PACKET

888 986 4371 ORIGINAL MEDICAL RECORD TELEPHONIC COPY HOSPITAL

Spec Info: