McLaren Business Products

McLaren Print System Order

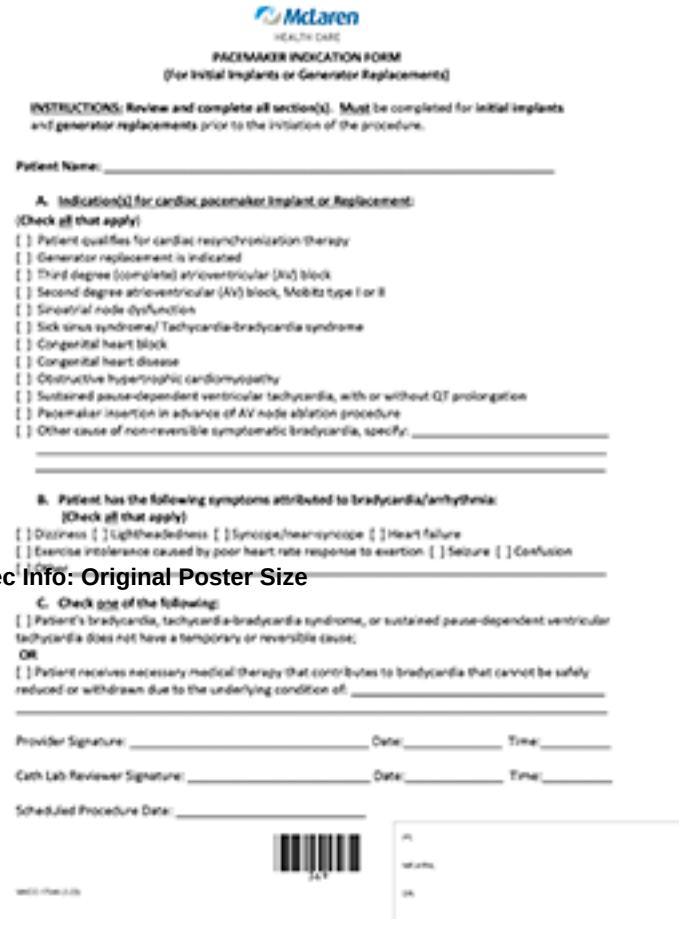
Order No: 91014
Order Date: 2024-12-20
User: anne reder
Phone: 9898943032

Ship Location: Mclaren Bay
1900 Columbus Ave
Bay City, MI 48708
Form
Quantity: 100
Paragon Dept No: 22620
Dept Name: cvcu
Company Number:

Order Total Price: 3.35

Item Number: MHCC-17546
Item Description: PACEMAKER INDICATION FORM
Revision Date: 03/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:

Spec Info: Original Poster Size



McLaren
HEALTH CARE

PACEMAKER INDICATION FORM
(For Initial Implants or Generator Replacements)

INSTRUCTIONS: Review and complete all section(s). Must be completed for initial implants and generator replacements prior to the initiation of the procedure.

Patient Name: _____

A. Indication(s) for cardiac pacemaker implant or Replacement:
(Check all that apply)
[ ] Patient qualifies for cardiac resynchronization therapy
[ ] Generator replacement is indicated
[ ] Third degree (complete) atrioventricular (AV) block
[ ] Second degree atrioventricular (AV) block, Mobitz type I or II
[ ] Sinoatrial node dysfunction
[ ] Sick sinus syndrome/ Tachycardia-bradycardia syndrome
[ ] Congenital heart block
[ ] Congenital heart disease
[ ] Obstructive hypertrophic cardiomyopathy
[ ] Sustained pause-dependent ventricular tachycardia, with or without QT prolongation
[ ] Pacemaker insertion in advance of AV node ablation procedure
[ ] Other cause of non-reversible symptomatic bradycardia, specify: _____
_____
_____

B. Patient has the following symptoms attributed to bradycardia/arrhythmia:
(Check all that apply)
[ ] Dizziness [ ] Lightheadedness [ ] Syncope/near-syncope [ ] Heart failure
[ ] Exercise intolerance caused by poor heart rate response to exertion [ ] Seizure [ ] Confusion
[ ] Other: _____

C. Check one of the following:
[ ] Patient's bradycardia, tachycardia-bradycardia syndrome, or sustained pause-dependent ventricular tachycardia does not have a temporary or reversible cause;
OR
[ ] Patient receives necessary medical therapy that contributes to bradycardia that cannot be safely reduced or withdrawn due to the underlying condition of: _____
_____

Provider Signature: _____ Date: _____ Time: _____

Cath Lab Reviewer Signature: _____ Date: _____ Time: _____

Scheduled Procedure Date: _____