

Request for Outpatient Preoperative Pacemaker/Defibrillator Information

Dr. _____ Date of Request: _____
(Cardiologist)

You or your practice have been identified as managing this patient's implanted cardiac rhythm management device. Please complete the appropriate section of this form to assist in preparation of the proposed surgery.

Preoperative cardiac evaluation may have been requested from the primary cardiologist.

To be completed by PAT Clinic Staff:

Procedure: _____

Date of Procedure: _____ Surgeon: _____

Location: WakeMed Raleigh WakeMed Cary WakeMed North

Planned Postoperative Disposition: Outpatient Observation

Inpatient

• What is the expected LOS? _____

• What are the clinical reasons? _____

To be completed by Cardiologist: Pacemaker Defibrillator (ICD)

Manufacturer: _____ Model: _____

Indications for Implantation: _____

Date of last device interrogation: _____

Device Location: L. Chest R. Chest Other: _____

Is patient pacemaker dependent? Yes No Underlying rhythm: _____

For Pacemakers:

Will magnet application temporarily convert device to an asynchronous pacing mode? Yes No

If magnet is used, does patient need to follow up with cardiologist as an outpatient? ** Yes No

For Defibrillators (ICDs):

Will magnet application temporarily disable anti-tachycardia therapies? Yes No

Will magnet application permanently change any device settings? Yes No

If magnet is used, does patient need to follow up with cardiologist as an outpatient? ** Yes No

Additional information or recommendations: _____

Cardiologist/PA/NP Signature: _____ Telephone/Pager #: _____

Date: _____ Time: _____

Fax this form and any associated documentation to: WakeMed at Raleigh Pre-Op Clinic (919) 350-7554
WakeMed Cary Pre-Op Clinic (919) 350-2285
WakeMed North Pre-Op Clinic (919) 350-6892

WakeMed

Patient Label
placed here

**Request for Outpatient Preoperative
Pacemaker/Defibrillator Information**