

MRN

Name

DOB

**Electrophysiology Procedure Order Form**

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**Patient's Phone Number:**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**Reason for Procedure:** \_\_\_\_\_

**ICD 10 (Required):** \_\_\_\_\_

**Type of Procedure:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ICD BI-V Gen Change   | <input type="checkbox"/> LEAD Revise/Replace HIS           | <input type="checkbox"/> Pacemaker Gen Change BI-V       |
| <input type="checkbox"/> ICD BI-V New          | <input type="checkbox"/> LEAD Revise/Replace RA            | <input type="checkbox"/> Pacemaker Gen Change Dual       |
| <input type="checkbox"/> ICD BIV Upgrade       | <input type="checkbox"/> LEAD Revise/Replace RV            | <input type="checkbox"/> Pacemaker Gen Change Single     |
| <input type="checkbox"/> ICD Gen Change Dual   | <input type="checkbox"/> Leadless Pacemaker                | <input type="checkbox"/> Pacemaker New System BI-V       |
| <input type="checkbox"/> ICD Gen Change Single | <input type="checkbox"/> Loop Insertion                    | <input type="checkbox"/> Pacemaker New System Dual       |
| <input type="checkbox"/> ICD His Bundle New    | <input type="checkbox"/> Loop Removal                      | <input type="checkbox"/> Pacemaker New System HIS Bundle |
| <input type="checkbox"/> ICD New System Dual   | <input type="checkbox"/> Ablation A-Fib                    | <input type="checkbox"/> Pacemaker New System Single     |
| <input type="checkbox"/> ICD New System Single | <input type="checkbox"/> Ablation A-Flutter                | <input type="checkbox"/> Pacemaker Upgrade BI-V          |
| <input type="checkbox"/> ICD SICD Gen Change   | <input type="checkbox"/> Ablation A-Tach                   | <input type="checkbox"/> Pacemaker Upgrade HIS Bundle    |
| <input type="checkbox"/> ICD SICD New          | <input type="checkbox"/> Ablation AV Node                  | <input type="checkbox"/> Pocket Revision                 |
| <input type="checkbox"/> ICD Upgrade Dual      | <input type="checkbox"/> Ablation SVT                      | <input type="checkbox"/> Temporary Pacemaker Insertion   |
|  | <input type="checkbox"/> Ablation VT                       |  |
|  | <input type="checkbox"/> ADD Procainamide challenge        |  |
|  | <input type="checkbox"/> CARDIOVERSION                     |  |
|  | <input type="checkbox"/> Comprehensive Diagnostic EP Study |  |
|  | <input type="checkbox"/> PVC/NSVT Ablation                 |  |

Fax recent office notes, including up-to-date medication list to:

**Electrophysiology Scheduler**

**Phone: 802-847-3853**

**Fax: 802-847-3535**

\_\_\_\_\_  
Ordering Provider Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

