Electrophysiology Procedure Order Form

Patient’s Phone Number:

Home: __________________________

Cell: __________________________

Reason for Procedure: _____________________________________________________________

ICD 10 (Required): _________________________

Type of Procedure:

☐ ICD BI-V Gen Change  ☐ LEAD Revise/Replace HIS
☐ ICD BI-V New  ☐ LEAD Revise/Replace RA
☐ ICD BIV Upgrade  ☐ LEAD Revise/Replace RV
☐ ICD Gen Change Dual  ☐ Leadless Pacemaker
☐ ICD Gen Change Single  ☐ Loop Insertion
☐ ICD His Bundle New  ☐ Loop Removal
☐ ICD New System Dual  ☐ Ablation A-Fib
☐ ICD New System Single  ☐ Ablation A-Flutter
☐ ICD SICD Gen Change  ☐ Ablation A-Tach
☐ ICD SICD New  ☐ Ablation AV Node
☐ ICD Upgrade Dual  ☐ Ablation SVT
☐ Ablation VT
☐ ADD Procainamide challenge
☐ CARDIOVERSION
☐ Comprehensive Diagnostic EP Study
☐ 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