

**SIBLEY MEMORIAL HOSPITAL
PACEMAKER/ICD PREOPERATIVE INFORMATION SHEET**

Date:	Time:
Patient Name:	
Date of Anticipated Surgery: <i>(please note: failure to complete form may delay surgery)</i>	
Patient Date of Birth:	
Surgeon Name:	
Cardiologist Name:	
Cardiologist (Name/Number) for Postoperative Management:	
DEVICE DATA	
<input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD	
Manufacturer:	
Model:	
ID Number:	
Indication for device implantation:	
Is patient pacemaker dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode: Lower rate: Upper rate:	
Magnet Deactivation/Reactivation Function Active <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERIOPERATIVE MANAGEMENT	
Reprogram Preoperatively <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None needed	
Magnet may be placed in the Operating Room <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: If the device is reprogrammed or deactivated during the perioperative period, the patient must remain in a monitored setting until discharged by a cardiologist.</i>	

CARDIOLOGIST SIGNATURE /NUMBER
FAX FORM TO ATC NO LATER THAN 48 HOURS PRIOR TO SURGERY (202-364-7639)