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AICD Information Request

AICDs and other cardiac rhythm management devices (CRMD) are frequently seen in the perioperative setting. The standard of care requires that the patient is optimal and appropriate for the planned procedure and location. We are requesting information regarding this patient's AICD or CRMD to help in making that determination and to help with perioperative management. Thank you.

Patient Name: _____

Date of Surgery: _____ **Procedure:** _____

Surgeon: _____ **Facility:** American Surgery Center

- 1.) Make and Type of device: _____
- 2.) Indications for device: _____
- 3.) Ejection Fraction: _____
- 4.) Is the patient pacer dependent? _____
- 5.) Date and Results of last interrogation : _____
- 6.) Response to magnet: _____
- 7.) Is the op interrogation needed if magnet is used? _____
- 8.) Other comments: _____

Physician's Name (please print): _____

Signature: _____

Date: _____

Device Emergency Contact Number: _____