



Patient Information (Required for Scheduling)

Patient Name: _____ DOB: _____ Sex: M F SS#: XXX-XX-_____
First & Last Name

Patient's Address: _____
Street City State Zip Code

Home Phone #: _____ Mobile Phone #: _____ Email Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Secondary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Order Information - EP Lab

Diagnosis: _____ ICD-CM Code: _____

<p>Pacemaker Insertion/Replacement</p> <p><input type="checkbox"/> 33206 Perm. Single Chamber, Atrial <input type="checkbox"/> 33207 Perm. Single Chamber, Vent. <input type="checkbox"/> 33208 Perm. Dual Chamber, A & V <input type="checkbox"/> 33210 Temp. Single Chamber <input type="checkbox"/> 33211 Temp. Dual Chamber <input type="checkbox"/> 33214 Upgrade single to dual <input type="checkbox"/> 33227 Gen. change, single <input type="checkbox"/> 33228 Gen. change, dual <input type="checkbox"/> 33229 Gen. change, BiV</p> <p>Pacemaker Removal</p> <p><input type="checkbox"/> 33233 Pulse generator only <input type="checkbox"/> 33234 Generator and single lead <input type="checkbox"/> 33235 Generator and dual leads</p> <p>ICD Insertion/Replacement</p> <p><input type="checkbox"/> 33249 Initial generator and all leads <input type="checkbox"/> 33262 Gen. change, single <input type="checkbox"/> 33263 Gen. change, dual <input type="checkbox"/> 33264 Gen. change, BiV</p> <p>ICD Repair/Removal</p> <p><input type="checkbox"/> 33241 Remove pulse gen. only <input type="checkbox"/> 33243 Removal by thoracotomy <input type="checkbox"/> 33244 Transvenous removal</p> <p>Addition of CS/LV Lead</p> <p><input type="checkbox"/> 93224 BiV Lead Upgrade to Existing Gen. <input type="checkbox"/> 93225 LV Lead to New Gen.</p> <p>PPM/ICD Lead Revisions</p> <p><input type="checkbox"/> 33215 RA/RV Lead Reposition <input type="checkbox"/> 33216 Insert Transv. Lead, Single Chamber <input type="checkbox"/> 33217 Insert Transv. Lead, Dual Chamber <input type="checkbox"/> 33218 Repair Single-Chamber Lead <input type="checkbox"/> 33220 Repair Dual-Chamber Lead <input type="checkbox"/> 33222 Revise/Relocate PPM Pocket <input type="checkbox"/> 33223 Revise/Relocate ICD Pocket <input type="checkbox"/> 33226 BiV Lead Reposition</p> <p>ICD Evaluation</p> <p><input type="checkbox"/> 93640 Lead at time of I/R <input type="checkbox"/> 93641 Leads & gen. at time of I/R <input type="checkbox"/> 93642 DFT/leads/sens at F/U</p> <p>Implantable Loop Recorder</p> <p><input type="checkbox"/> 33282 Implantation <input type="checkbox"/> 33284 Removal</p> <p>IV Infusion</p> <p><input type="checkbox"/> 90765 IV Infusion, Initial, 1st Hour <input type="checkbox"/> 90766 Each additional hour up to 8 hours <input type="checkbox"/> 93010 Electrocardiogram</p>	<p>Electronic Analysis of Devices</p> <p><input type="checkbox"/> 93282 ICD Single chamber program <input type="checkbox"/> 93283 ICD Dual chamber program <input type="checkbox"/> 93284 ICD BiV Program <input type="checkbox"/> 93289 Any ICD Interrogate only <input type="checkbox"/> 93279 Pacer Single chamber program <input type="checkbox"/> 93280 Pacer Dual chamber program <input type="checkbox"/> 93281 Pacer BiV program <input type="checkbox"/> 93288 Any pacer Interrogate only <input type="checkbox"/> 93285 Implantable Loop program <input type="checkbox"/> 93292 Implangable Loop interrogation <input type="checkbox"/> 93292 Wearable ICD interrogation <input type="checkbox"/> 93286 Pre/Post-op Pacer interrogation <input type="checkbox"/> 93287 Pre/Post-op ICD interrogation</p> <p>Recording and Pacing</p> <p><input type="checkbox"/> 93600 HIS <input type="checkbox"/> 93602 Intra-Atrial Recording <input type="checkbox"/> 93603 Intra-Ventricular Recording <input type="checkbox"/> 93610 Intra-Atrial Pacing <input type="checkbox"/> 93612 Intra-Ventricular Pacing</p> <p>Comprehensive EP</p> <p><input type="checkbox"/> 93619 Comprehensive EP <input type="checkbox"/> 93620 Comprehensive w/induction or attempt <input type="checkbox"/> 93621 Comprehensive w/LA recording <input type="checkbox"/> 93622 Comprehensive w/LV recording <input type="checkbox"/> 93623 Comprehensive w/IV drugs <input type="checkbox"/> 93624 Follow up EPS</p> <p>Arrhythmia Mapping</p> <p><input type="checkbox"/> 93609 Catheter Mapping <input type="checkbox"/> 93613 3-D Mapping</p> <p>Ablation</p> <p><input type="checkbox"/> 93650 AV Node Ablation <input type="checkbox"/> 93651 SVT Ablation <input type="checkbox"/> 93652 VT Ablation</p> <p>Related Procedures</p> <p><input type="checkbox"/> 33010/76930 Pericardiocentesis int's w/US <input type="checkbox"/> 33011/76930 Pericardiocentesis subsequent w/US <input type="checkbox"/> 36620 Arterial BP Monitoring <input type="checkbox"/> 36005/75820 Venography, Extremity <input type="checkbox"/> 36011/75860 Venography, Subclavian <input type="checkbox"/> 93662 Intracardiac Echocardiogram (ICE) <input type="checkbox"/> 92960 Cardioversion, External, elective <input type="checkbox"/> 92961 Cardioversion, Internal, elective <input type="checkbox"/> 93799 Cardioversion via ICD</p> <p><input type="checkbox"/> Other procedures & CPT: _____</p>
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Admit Orders

- NPO except for medications
- Obtain consent for _____
- Prep chest or groin for procedure.
- EKG
- Labs: CBC, BMP, Coags (PT, INR, PTT)
- Two 18 or 20 guage IV (one in each arm)
- 0.9% N5@ KVO rate
- Ancef 2 G IV
- If the patient is allergic to PCN, give Vancomycin 1 G IV
- For female patients between the ages of 12-50 years old, draw serum bHCG
- For pain give Percoset 5/325 mg, 1-2 tablets @ PO Q 4-6hours PRN
- For fever: Tylenol 650 mg PO @ Q 4-6 hours PRN
- For nausea: Zofran 4 mg IV Q6H PRN
- Restoril 15 mg PO QH5 PRN

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ GA License #: _____
 Physician Address: _____ Phone #: _____ Fax #: _____

I hereby certify that the services indicated in the above order form are medically necessary.

Physician Signature: _____ Date: _____ Time: _____