

Memorial Health University Medical Center  
PreSurgery Department  
Request for ICD/Pacemaker Information

\_\_\_\_\_, a patient of Dr. \_\_\_\_\_,  
is scheduled for surgery on \_\_\_\_\_. It is imperative  
that we receive the following pacemaker/ICD information prior to  
the above date.

**Pacemaker:**

1. Pacemaker brand and model #
2. Implant date
3. Diagnostic reason for pacing
4. Last interrogation date
5. Last rhythm strip with magnet response and programmed mode
6. Battery status and date of last battery check

**ICD:**

1. ICD brand and model #
2. Programmed mode ( both bradycardia and tachycardia)
3. Last interrogation office note

You may fax the information to the **PreSurgical Testing Department** at **912-350-8047**. If you have any questions, please contact us at 912-350-7857.

**Thank you for your assistance.**

MHUMC Perioperative Team