



**London Health
Sciences Centre**

Referral to:
LHSC ARRHYTHMIA SERVICE
LEAD EXTRACTION REFERRAL FORM
 339 Windermere Road, London ON N6A 5A5
 Telephone: 519-663-3746 / Fax: 519-663-3782

| DATE OF REFERRAL: (YYYY/MM/DD) | | | | | |
|--|---------|---------------------|---|--|---------|
| PATIENT NAME: | | | | <input type="checkbox"/> IN PATIENT <input type="checkbox"/> OUT PATIENT | |
| ADDRESS: | | | TELEPHONE: Home: | | |
| CITY: | | POSTAL CODE: | | Work: | |
| | | | | Cell: | |
| D.O.B.: (YYYY/MM/DD) | | HEALTH CARD NUMBER: | | Version Code: | |
| REFERRING PHYSICIAN: | | | | | |
| NAME: | | | BILLING NUMBER: | | |
| ADDRESS: | | | | | |
| TELEPHONE: | | | FAX: | | |
| DIAGNOSIS / REASON FOR REFERRAL: | | | | | |
| | | | | | |
| INDICATION FOR EXTRACTION: | | | | | |
| <input type="checkbox"/> Infection: <input type="checkbox"/> Pocket <input type="checkbox"/> Systemic <input type="checkbox"/> Organism: _____ | | | Urgency: <input type="checkbox"/> Emergent (<48 hrs) <input type="checkbox"/> Urgency (<7 days) <input type="checkbox"/> Elective | | |
| <input type="checkbox"/> Obstruction/Access <input type="checkbox"/> Debulking | | | | | |
| DEVICE DETAILS: | | | | | |
| Original Implant Date: (YYYY/MM/DD) _____ | | | | | |
| Most Recent Implant Date (if different): (YYYY/MM/DD) _____ | | | | | |
| Device Type: <input type="checkbox"/> Dual Chamber PPM <input type="checkbox"/> Single Chamber PPM <input type="checkbox"/> BiV PPM | | | | | |
| <input type="checkbox"/> Dual Chamber ICD <input type="checkbox"/> Single Chamber ICD <input type="checkbox"/> BiV ICD | | | | | |
| Pacing Mode: _____ | | | | | |
| Manufacturer: _____ | | | Model: _____ | | |
| Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No Intrinsic Rate and Rhythm: _____ | | | | | |
| Will the patient need a new device? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| DEVICE INFORMATION: | | | | | |
| LEAD | CHAMBER | MODEL | MANUFACTURER | AGE | COMMENT |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |