

Patient's Last Name		Patient's First Name		MI	Requested Date	Time
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone		Cell Phone		Work Phone	
DOB	SSN		Patient Weight	Research Study Name		
Insurance Name			Insurance ID Number		Authorization Number	
Office Contact & Phone No.				<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	<input type="checkbox"/> Inpatient <input type="checkbox"/> Room #	
Physician's Name		NPI		Physician's Signature		Date



TMH089

**REQUIRED OUTPATIENT INFORMATION**

Patient Registered: Lab Work Complete:  Yes  No  
 Yes  No Where Drawn: Order, Labs, & H&P must be faxed to 713.791.5060  
 Scheduling phone number: 346.238.7453

Comprehensive H&P completed within 30 days:  Yes  No

Greater than 30 days requires a new H&P.

Update completed H&P within 24 hours prior to procedure:  Yes  No  NA

\* First, second and third cases require labs and H&P to be completed and faxed by 2 PM prior to next day cases.

**ORDERS (Check all that apply):**

Routine:	<input type="checkbox"/> EKG	<input type="checkbox"/> H and H	<input type="checkbox"/> K	<input type="checkbox"/> BUN	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Metabolic Panel	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> BNP	
Other:	<input type="checkbox"/> CBC	<input type="checkbox"/> PT	<input type="checkbox"/> PTT	<input type="checkbox"/> Platelets	<input type="checkbox"/> HIV	<input type="checkbox"/> T and C	<input type="checkbox"/> T and S	<input type="checkbox"/> Mg	<input type="checkbox"/> Foley

**SITE**

Right Femoral  Left Femoral  Right Arm  Left Arm  Right IJ  Left IJ  Art Line

**DIAGNOSTIC**

**Diagnostic EP**

<input type="checkbox"/> CEPS	<input type="checkbox"/> Single Cath VT Induction
<input type="checkbox"/> Partial	<input type="checkbox"/> Two Cath Study
<input type="checkbox"/> NIPS	<input type="checkbox"/> Cath – RH
<input type="checkbox"/> Tilt Table	<input type="checkbox"/> Biopsy: <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Tilt Table Art Line	<input type="checkbox"/> Oximetry

**Ablation**

<input type="checkbox"/> A-Flutter	<input type="checkbox"/> Cryo
<input type="checkbox"/> AV Node	<input type="checkbox"/> Transeptal
<input type="checkbox"/> SVT	<input type="checkbox"/> WPW
<input type="checkbox"/> VT w / Mapping	
<input type="checkbox"/> Pulm Vein (A Fib)	

**3D MAPPING**

<input type="checkbox"/> ESI
<input type="checkbox"/> Navx
<input type="checkbox"/> Array
<input type="checkbox"/> RMT Carto
<input type="checkbox"/> Carto 3

**Navigation**

<input type="checkbox"/> Tyrex Pouch
<input type="checkbox"/> Aquamantis
<input type="checkbox"/> Plasma Blade

**EP/PACEMAKER**

**Pacemaker IMP**

<input type="checkbox"/> Temp Insertion	<input type="checkbox"/> Warranty
<input type="checkbox"/> Permanent Single -Org.Implant	
<input type="checkbox"/> Permanent Dual	Date _____
<input type="checkbox"/> Bi Ventricular	
<input type="radio"/> Lead Replacement	
<input type="radio"/> Generator Replacement	
<input type="radio"/> Explant	
<input type="radio"/> Upgrade to Bi-V	
<input type="checkbox"/> Leadless Pacemaker	

**AICD IMP**

<input type="checkbox"/> Implant	<input type="checkbox"/> <b>Warranty</b>
<input type="radio"/> Single	-Org.Implant
<input type="radio"/> Dual	Date _____
<input type="radio"/> Bi-V	
<input type="radio"/> SCID	
<input type="checkbox"/> Lead Replacement	
<input type="checkbox"/> Generator Replacement	
<input type="checkbox"/> Upgrade to Bi-V	
<input type="checkbox"/> AICD Check	

**Implant Co.**

<input type="checkbox"/> Boston
<input type="checkbox"/> Medtronic
<input type="checkbox"/> St. Jude
<input type="checkbox"/> Biotronik
<input type="checkbox"/> Impulse Dynamics (CCM)
<input type="checkbox"/> Notified <input type="checkbox"/> Y <input type="checkbox"/> N

**Other**

<input type="checkbox"/> TEE Only
<input type="checkbox"/> Cardioversion with TEE
<input type="checkbox"/> Cardioversion Only
<input type="checkbox"/> Anesthesia Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Laser Lead Extraction
<input type="checkbox"/> Implantable Loop Recorder
<input type="radio"/> Implant <input type="radio"/> Explant
<input type="radio"/> Reveal <input type="radio"/> Implant <input type="radio"/> Explant
<input type="checkbox"/> LAA Closure Device

**DIAGNOSIS ICD\_10 CODES**

**CPT PROCEDURE CODES**

**OTHER ORDERS/INSTRUCTIONS/ADDITIONAL INFO:**

**Metal Implants?**

**Yes**

**No**

**Other:**

AIJD

Pacemaker

Knee

Hip

Aortic Clips

Other \_\_\_\_\_

EP PROCEDURE FORM

**Cardiac Catheterization  
EP Laboratory Procedure  
Order Form**

Form # HMH089-EP (1/2023) - Ver 7  
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