

# NWOCC



## NORTHWEST OHIO CARDIOLOGY CONSULTANTS

ALL LOCATIONS TOLL FREE 1-800-243-1912

### EP Worksheet

Name \_\_\_\_\_ MR# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Procedure \_\_\_\_\_

Date \_\_\_\_\_ TIME \_\_\_\_\_

Hospital \_\_\_\_\_

Labs / CXR (date & location) \_\_\_\_\_  
-Pre test 3-5 days before  
-Biventricular implants and upgrades pre-test 5 days before procedure

Precerted \_\_\_\_\_

MD / Nurse / Date Scheduled \_\_\_\_\_

Medications to hold and instructions: \_\_\_\_\_

Anticoagulation: Y / N    Diagnosis: \_\_\_\_\_  
\*If PCP manages, include last 4 wks of recent INR results.

Bridging required: Y / N    INR nurse notified: Y / N

Preop anticoagulation instructions: \_\_\_\_\_

Perts faxed \_\_\_\_\_

Perts still needed \_\_\_\_\_

Message to Transcription for Letter and OPN \_\_\_\_\_

Rep (if device ordered) \_\_\_\_\_

Preop instructions given to patient by nurse: \_\_\_\_\_

Signed off by \_\_\_\_\_