N.W.O.C.C.

CHECKLIST FOR SCHEDULING

Pacemaker _____ AICD _____

Name _____ Date of procedure _____

DOB _____ SS # _____ Arrival time _____

Address _____ Procedure time _____

_____ Location: TTH ____ St.V's ____

Phone _____ St. Luke's ____ Flower ____

Diagnosis _____ Other _____

Procedure ordered by Dr. _____ PCP _____ Phone _____

Procedure to be done by Dr. _____

Labs needed:

CBC _____
SMAC _____
PT/PTT _____
Chest X-Ray _____
U/A _____
Preg Test _____

Insurance _____

Pre-cert # to call _____ ID / Group # _____

Other insurance _____

Comments:

H&P _____
Consent _____
Pre-cert Notified
Yes ____ No ____ N/A ____
Info faxed _____
Charge sheet Yes ____ No ____
PCP notified _____
Added to EP Book _____
Added to St. Luke's book _____

Scheduled by _____
Date _____

Patient Education:
Video viewed Yes ____ No ____
Instructions to patient Yes ____ No ____
Instructions mailed Yes ____ No ____