



**CARDIAC IMPLANTABLE ELECTRICAL DEVICE  
(CIED) PRE-OPERATIVE CONSULT REQUEST FROM  
OPERATIVE TEAM TO CIED PHYSICIAN**

Scheduled Procedure: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Anatomic location of surgical procedure: \_\_\_\_\_

Patient position during the procedure: \_\_\_\_\_

Monopolar electrosurgery:  Yes  No

Other sources of electromagnetic interference:  Yes  No

Cardioversion or defibrillation anticipated:  Yes  No

Surgical venue:  Surgical suite  Procedural suite  Other: \_\_\_\_\_

Anticipated post procedural arrangements:

Discharge to home in less than 23 hours  CCU  Telemetry  Other: \_\_\_\_\_

Unusual circumstances:

Anticipated large blood loss  Operation in close proximity to CIED

Surgical procedure that could impair/damage or encroach upon CIED leads

Other: \_\_\_\_\_

Manufacturer and model of CIED: \_\_\_\_\_

PM  ICD

MD/PA/NP signature \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_