

TO:

FROM: Spine Care Delaware

DATE:

RE: Perioperative Management of Implanted Cardiac Device

PATIENT NAME: _____ DOB: _____

The above patient is scheduled for a Intracept Procedure on the Lumbar Spine. This procedure involves radiofrequency ablation within the vertebral body. It is performed under fluoroscopic guidance and takes approximately 30-60 minutes.

Please circle the device the patient has implanted: Pacemaker (only)

AICD

Other: _____

Please provide instructions for perioperative management of the cardiac device (including but not limited to magnet use/placement and/or need for programming, reprogramming or interrogation of device post-procedure)

_____ Only a magnet is required and should be placed over the device during the procedure and removed at the conclusion of the procedure: Programing, ReProgramming, Interrogation or any other intervention is NOT needed.

_____ A Magnet should be placed over the device but the patient's device requires additional intervention. Please fax the instructions with contact name and number of the device company to 302-894-0264, Attention Bonnie O'Connor, PA-C, or medical.clearance@spinecenterde.com

Provider Signature: _____ Date: _____

Printed Name: _____

Thank you for your assistance with our patient. Should you have any questions please do not hesitate to call our office: 302-894-1900