

1. ICD has been interrogated by: _____ on ___/___/___ at __:___
 CRT has been interrogated by: _____ on ___/___/___ at __:___
 Pacer has been interrogated by: _____ on ___/___/___ at __:___

2. Interrogation has been reviewed by Dr. Joy Dr. Vassolas

3. Device is working effectively, may proceed with discharge per procedural physician
 Device is not working effectively, hold discharge until further review

4. Follow-up device check in office: ___/___/___

Sample

Physician Signature

Date: / /20

Time:

Ellis Hospital – Schenectady, NY

FORM NAME PLACED HERE
 (00/00) Page 1 of 1 Form #

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