

Complete all applicable information, as available and as permitted by law, and transmit to Boston Scientific CRM, Medical Records. US regulations require that distribution and/or implant of devices be tracked and reported to Boston Scientific. Also transmit data from the programmer, such as patient data and QUICK NOTES™.

Use the tab key to quickly move from field to field. Hover the cursor over any field to display a completion hint. Print form and place labels of product information, if desired.

Patient Information

Last Name:	First Name:	Middle:	Suffix:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street:	City:	State:	Country:	ZIP+4:	
Phone:	SSN:	DOB:	Weight:	MR #:	

Indications for Therapy

Indications for Therapy (Primary):	Indications for Therapy (Other):
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Physician and Hospital Information

Implanting MD Last Name:	First Name:	Middle:	Suffix:	Specialty:	Phone:
Street:	City:	State:	ZIP+4:	Country:	
Following MD Last Name:	First Name:	Middle:	Suffix:	Specialty:	Phone:
Street:	City:	State:	ZIP+4:	Country:	
Referring MD Last Name:	First Name:	Middle:	Suffix:	Specialty:	Phone:
Street:	City:	State:	ZIP+4:	Country:	
Implanting Facility Name:				Country:	
Street:	City:	State:	ZIP+4:	Phone:	

Pulse Generator Information

Implant Date:	Manufacturer:	Model:	SN:	Implant Location:	Side of Body:
Programmed Parameters:	Pacing Mode:	LRL:	ppm URL:	ppm AV Delay:	ms PVARP:
	V Refractory:	ms <input type="checkbox"/> AV Search	<input type="checkbox"/> VRR	<input type="checkbox"/> Atrial Tachy Response	<input type="checkbox"/> Sudden Brady Response

Lead/Adapter Information

Implant Date:	Manufacturer:	Model:	SN:	Polarity:	Position:
Implant Date:	Manufacturer:	Model:	SN:	Polarity:	Position:
Implant Date:	Manufacturer:	Model:	SN:	Polarity:	Position:
Implant Date:	Manufacturer:	Model:	SN:	Polarity:	Position:
Implant Date:	Manufacturer:	Model:	SN:	Polarity:	Position:

Measured Data

Lead	Sensing Amplitude	Pacing Impedance	Shocking Impedance	Pulse Width	Threshold	Current	DFT	A Fib
	mV <input type="checkbox"/> Paced	ohms	ohms	ms	V	mA	J	
	mV <input type="checkbox"/> Paced	ohms	ohms	ms	V	mA	J	
	mV <input type="checkbox"/> Paced	ohms	ohms	ms	V	mA	J	
	mV <input type="checkbox"/> Paced	ohms	ohms	ms	V	mA	J	
	mV <input type="checkbox"/> Paced	ohms	ohms	ms	V	mA	J	

Concomitant pacemaker?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Manufacturer:	Model:	SN:	Polarity:	Mode:
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If complications were experienced during implant, contact Boston Scientific.

Explanted, Attempted, or Wasted Information

Were any devices explanted, attempted, or wasted during implant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, complete the following information.			
Type:	Manufacturer:	Model:	SN:	Implant Date:	Explant Date:
Reason:					Status:
Type:	Manufacturer:	Model:	SN:	Implant Date:	Explant Date:
Reason:					Status:
Type:	Manufacturer:	Model:	SN:	Implant Date:	Explant Date:
Reason:					Status:

Defibrillation Testing

Test 1 Charge Time:	sec	Energy:	J	Impedance:	Ω	RV Vector:	Result:
Test 2 Charge Time:	sec	Energy:	J	Impedance:	Ω	RV Vector:	Result:
Test 3 Charge Time:	sec	Energy:	J	Impedance:	Ω	RV Vector:	Result:

Comments:

Form completed by: Name:	Phone:	Date:
Position/Title:	Company:	