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PERMANENT PACEMAKER/DEFIBRILLATOR (ICD)/LOOP RECORDER IMPLANT

To: _____ Date: _____

Arrangements have been made for your outpatient

_____ Permanent Pacemaker implant

_____ Defibrillator implant (ICD) _____ Loop recorder implant

(Date and time of scheduled procedure)

Sign in at the hospital indicated below promptly at _____ A.M / P.M.

_____ McLaren Regional Medical Center, **Patient Registration on the 1st floor**

_____ Hurley Main Floor 1st Floor Admitting

_____ Genesys Regional Medical Center

1. Are you left or right handed?
2. If you take Coumadin or Warfarin **stop** taking it five full days prior to the procedure and you will need to take Lovenox.
3. If you take Eliquis, Pradaxa or Xarelto **stop** taking it one full day prior to the procedure.
4. If you take aspirin or Plavix, **stop** taking it three full days prior to the procedure.
5. Continue taking all of your other medications. Bring your medications (or an updated list) with you the day of your procedure.
6. If you are taking any **diuretics** or medications for **diabetes** (pills or insulin), do not take those medications in the AM of the procedure, unless otherwise instructed by our office. If you are taking insulin please hold the AM dose.
7. Do not eat or drink after midnight the night prior to the procedure.
8. Enclosed are the pretest orders to be done 3 to 7 days prior to the procedure.

***Someone must accompany you to the hospital and take you home after the procedure.

***Please call our office if you have any questions.

Device check and wound check date: _____

Office Use Only

St. Jude _____ Medtronic _____ Boston Scientific _____ Biotronik _____