

The Good Heart Corporation

Pacemaker/ICD Interrogation Form

PPM Bi-V PPM ICD Bi-V ICD

SJM MDT BSX Other

Date: _____

Patient Name: _____ DOB/LC# _____

Model Name / # _____ Implant Date: _____

Mode/Base Rate: _____ Battery: _____ V Est. Longevity: _____

Lead Impedances: A _____ RV _____ LV _____

Sensing: P-Wave _____ R-Wave _____

Thresholds: RA _____ V @ _____ ms RV _____ V @ _____ ms

LV _____ V @ _____ ms

Charge Time: _____ seconds

AP% _____ RV% _____ BiV% _____

Mode Switches / Ventricular High Rates / Other: _____

Comments: _____

Representative

Physician