

NAME OF THE HOSPITAL: \_\_\_\_\_

6. PERMANENT PACEMAKER IMPLANTATION: FOR 2:1 OR COMPLETE AV BLOCK M7F3.1

1. Name of the Procedure: Permanent Pacemaker Implantation
2. Select the Indication from the drop down of various indications provided under this head:

AV Block
Sinus Node Disease

3. Does the patient have either of the following:
  - a. Complete AV block (demonstrated on ECG): Yes/No (Upload ECG) OR
  - b. Symptomatic 2:1 AV block with syncope: Yes/No (Upload ECG, Attach case note)
4. If answer to either of 3a OR 3b is Yes, then there should be no reversible causes such as,
  - a. Acute MI: Yes/No
  - b. Electrolyte abnormalities: Yes/No
  - c. Drug Toxicity: Yes/NoAll a, b, c should be No (Attach Basic Blood Biochemistry report and drug prescription)

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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NAME OF THE HOSPITAL: \_\_\_\_\_

7. PERMANENT PACEMAKER IMPLANTATION: FOR SINUS NODE DISEASE M7F3.1

1. Name of the Procedure:

Permanent Pacemaker Implantation

2. Select the Indication from the drop down of various indications provided under this head:

AV Block
Sinus Node Disease

3. Does the patient has symptomatic sick sinus syndrome (corroborated by ECG, Holter recordings or by electrophysiological study): Yes/No (Upload ECG or relevant test reports)

4. If answer to question 3 is Yes and patient is not on beta-blockers or rate-reducing calcium channel blockers : Yes/No (Attach Prescription)

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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