

MRN

Name

DOB

CARDIOLOGY WATCHMAN FORM

Patient's Phone Number:

Home: _____

Cell: _____

Work: _____

Emergency contact or Best Contact:

Name: _____

Contact Info: _____

Relationship: _____

Reason for Referral: WATCHMAN

Consult Timing: Urgent/ Elective

Information that would be helpful with referral:

- Is patient currently on anticoagulant therapy – apixaban (Eliquis), warfarin (Coumadin), edoxaban (Savaysa) or rivaroxaban (Xarelto)
- Patient's CHAD Score

Comments:

Circle Referring to Physician:

Dr. Daniel Lustgarten

Dr. Rony Lahoud

Watchman Care Coordinators:

Robert Hamble, RN

Phone: 802-847-4683

Fax: 802-847-3535

Ordering / Referring Provider Signature

Date/Time

Print Name

Phone Number

