

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 OAC – Eliquis, Coumadin or 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