



REFERRAL FORM

Washington Heart Rhythm Associates

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Referring Doctor: _____

Reason for Referral: _____

EVALUATE FOR:

- ***Permanent Pacemaker Implant***
- ***Implantable Cardioverter Defibrillator***
- ***Cardiac Resynchronization Therapy/Biventricular Device***
- ***Implantable Loop Recorder***
- ***Device Battery Change***
- ***Tilt-Table Evaluation***
- ***Electrophysiology Study and Ablation***
- ***Pulmonary Vein Isolation for Atrial Fibrillation***
- ***Device Check (pacemaker or defibrillator)***
- ***Holter Monitor or Ambulatory 30-Day Event Monitor***