

Date: _____

remedē Representative: _____

Patient Sticker:

Implanting Physician

Name:

Phone:

Hospital:

Following Physician

Name:

Phone:

Hospital:

remedē Information

Model #:

Serial #:

Implant Date:

Lead Information

	Company	Implant Date	Model #	Serial #
Left Stim	Respocardia (ZOLL)			
Right Stim	Respocardia (ZOLL)			
Sensing Lead				

Measured Data

Cath(-)/Anode(+)	PW/Frequency	Thresholds: mA	Impedance: Ohms	ERS (Y/N)

Best Pair/Concomitant Testing

Best Pair			Concomitant Device Testing			
Cath(-) Anode(+)	Output: mA/PW/Freq	Impedance (ohms)	Company	PPM/ICD/CRT	Output	Result

Explanted/Capped/Attempted Not Implanted

Company	Model #	Serial #	Explant Date	Status

Device and Lead/s Stickers

remedē	Sensing Lead	Stimulation Lead