External Defibrillator/Life Vest Requests (Please fax the following):

☐ Medical Justification/Indication for Life Vest - check the appropriate box(es)
  o Primary prevention with EF ≤ 35%, including after recent myocardial infarction, before and after coronary artery bypass graft or PTCA
  o Awaiting cardiac transplantation
  o Recently diagnosed non-ischemic cardiomyopathy with EF ≤ 35%
  o ICD (Implantable Cardioverter Defibrillator) indications when ICD is delayed or prohibited, and ICD explantation

☐ Name and Contact Information for Ordering Cardiologist
  Cardiologist Name ________________________________
  Phone ____________________________ Cell/Pager ______________________________

☐ Admission History and Physical Exam
☐ Cardiology Consult results
☐ EP Cardiology Consult results (if available)
☐ Echocardiogram results (from current admission)
☐ Nuclear Stress Test results
☐ Cardiac catheterization report (if done during current admission)