



THE CARDIOVASCULAR CENTER
OF FLORIDA

Remote Cardiac Device Monitoring Consent Form for Enrollment/Transfer of Follow-up

Patient Name: _____ DOB: _____

Device Model: _____ Serial Number: _____ Wireless (Yes---No)

My physician has recommended that I monitor my implanted cardiac device by using a home monitor provided by my device manufacturer. I understand that this home monitoring is also recommended by my device manufacturer and is considered standard of care for patients with pacemakers, implanted cardiac defibrillators (ICDs) and implantable loop recorders (ILRs). By signing the document below, I acknowledge and consent to the following:

1. If my equipment is not available at the time of this consent, Cardiovascular Center of Florida will place the order for my home monitor directly with my device manufacturer. It may take up to six weeks for the equipment to arrive.
2. I have been given information and education about my new remote monitor.
3. I agree to connect my monitor and send an initial report as soon as possible after arrival.
4. I will notify the clinic at (407) 738-4200 if I have any questions or difficulty setting up my equipment.
5. If I have a wireless monitor, I will ensure the monitor is connected so that it can perform nightly checks of my device for potential problems.
6. If I have a manual monitor, I will send reports when requested or scheduled by the device clinic, or on the instructions of my physician.
7. If my device has been followed by a different physician group, please accept this signature as a request to transfer my follow up information to Cardiovascular Center of Florida.

Signature of Patient or Authorized Signature: _____

Relationship of Authorized Individual: _____

Date: _____