

## Implantable Cardioverter Defibrillator Acknowledgement

By signing this acknowledgement, you are acknowledging Oklahoma Heart Hospital (OHH) has given you an evidence based decision making guide for an implantable cardioverter defibrillator (ICD). This is so you can make an informed decision regarding your care.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
For office Use Only:

Patient MRN \_\_\_\_\_

Scan this document into the patient's chart under consents.

Date & Version #	Change Summary
3/30/2018	Original