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| Description: Jen 2:_Projects:KGH:KGH_cancer_centre:KGH_CC_logos:Preferred_version:extreme_horizontal:KGH_CC_xhorizontal.png |  | **Patient Name** | <Full Name> |
| **Patient ID1 (CR Number)** | <Patient Id 1> |
| **Date of Birth** | <Date of Birth> |

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| **Form 3** **Pre-Radiation Treatment Screening Pacemaker Changes** | |
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| **Prior to starting radiation treatments Dr.**  **requests a second assessment by the CRDC on this patient as this patient as the following changes(s) have occurred to the RT Plan:** | |

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| **Comments:** |

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| **Fax to the Arrhythmia Service Secretary: 613-548-1387** |
| **Phone call to extension 4547 made re: Fax to 613-548-1387** |
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