

**CATH LABORATORY PRELIMINARY
CORONARY ARTERIOGRAPHIC REPORT**

	Date:
	Access site:
	Catheter size:
	Closure device:
	Contrast use:
	CIRCLE ONE: <u>LV Grade</u> Not Done 1 = EF > 50% 2 = EF 35-49% 3 = EF 20-34% 4 = EF < 20 % <u>MR</u> 0 = None 1 = Trivial 2 = Mild 3 = Moderate 4 = Severe

SUMMARY AND RECOMMENDATIONS

<p>ACTIONS:</p> <p><input type="checkbox"/> PCI Done</p> <p><input type="checkbox"/> Medical Therapy</p> <p><input type="checkbox"/> PCI Referral made</p> <p><input type="checkbox"/> CVsx Referral made</p> <p><input type="checkbox"/> Other</p>	<p>Ao _____/_____/_____</p> <p>LV (EDP) _____/_____(_____)</p> <p>RA _____/_____/_____</p> <p>RV (EDP) _____/_____(_____)</p> <p>PA _____/_____/_____</p> <p>PCWP _____/_____/_____</p> <p>CO _____ CI _____</p>
Cathing Cardiologist: _____	Signature: _____
FAX TO: Referring MD: _____	Other: _____

