Cardiac Cath Lab / Electrophysiology In-Hospital Registration Form

Date of Request: _____
Person Completing Request Form: _____
Extension: _____
Beeper #: _____

Room #: _____ **IN-PATIENT ONLY**

Cath Lab Procedures

- ☐ Left Heart Cath
- ☐ Right Heart Cath
- ☐ Balloon PTCA
- ☐ Beta Cath
- ☐ Stent
- ☐ Biopsy
- ☐ Rotoblator
- ☐ Renal Angiography
- ☐ Valvuloplasty
- ☐ Laser
- ☐ IABP
- ☐ IVUS
- ☐ Renal Angioplasty
- ☐ PICC Line
- ☐ Other (Specify):

EP Lab Procedures

- ☐ EPS
- ☐ PPM
- ☐ TEE
- ☐ Cardioversion
- ☐ AICD
- ☐ Other (Specify):
- ☐ Ablation
- ☐ NTPS

Procedure Date: _____ **Diagnosis: _____**

Procedure Physician: _____

(NOT PART OF PERMANENT RECORD)

Fax to: 23086 (Cardiac Cath Lab Office) upon completion of this form