



BAY HEART & VASCULAR

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PROCEDURE PACKET/ORDER

Insurance: _____
2nd Opinion Y N Date: _____
Cine Pick Up: _____

PATIENT NAME: _____ DOB: _____ DR: _____

PHONE: _____ DIAGNOSIS: _____ DATE: _____

PROCEDURE: CATH POSSIBLE

CATH PTCA DCA STENT TEE PPM DOB ECHO CV TILT P A C GEXT

TYPE: _____ LESIONS: _____ ASA: _____

Hosp: _____ Date: _____ Time: _____ Scheduled with: _____

Labs: _____

Ordered by: _____ Family Doctor: _____ Phone: _____ Notified: _____

Instructions: _____

Cath Consent Form: _____ Received: _____ Booklets: _____

Known Dye Reaction: _____ CT Dye?: _____ IV Dye?: _____ Iodine/Seafood?: _____

Anticoagulate?: _____ Type: _____ Dose: _____ Last Taken: _____

Diabetes: _____ Diet Controlled: _____ Oral: _____ Insulin: _____

Renal Impaired: _____ Creatine: _____ GFR: _____ Prehydration needed: Y / N _____ Mucomyst Y / N _____

Previous Cath?: _____ Date: _____ Hospital: _____

Previous PTCA?: _____ Date: _____ Hospital: _____

Previous CABG?: _____ Date: _____ Hospital: _____

Graft: _____

Cardiac Clearance: _____ Surgeon: _____ Phone: _____

(initials) Scheduled by: _____ LPN/RN: _____ Packet: _____

PATIENT RECORDS ATTACHED:

Table with columns: Report Date, Report Date, PLAN: and rows for Patient Flow Sheet, Current Medication List, Patient Hx Form, Recent EKG, Chest X-ray, Most Recent Office Visit, Recent H & P, Recent Consult, Recent Discharge Summary, Echo, PAC GEXT, Holter, Cardiac Cath Report, CABG, Recent Lipid w/HDL, Initial & Most Recent PMR, Implant Surg Report, H & P Dictated, Cath Dictated.

ORDERING PHYSICIAN SIGNATURE

DATE

TIME



100B

PROCEDURE/ORDER PACKET

ADDRESSOGRAPH