BRIGHAM AND WOMEN'S HOSPITAL

BWH Cardiac Catheterization Laboratory Request

Referring Cardiologist: _____ Contact Phone: _____

E-mail: _____ Fax Number: _____

Patient Information Name: _____ Contact Phone: _____

Gender: M / F D.O.B.: (mm/dd/yy): ____/____/___ BWH MRN: _____

Diagnosis (es): _____

Medical History: (check all that apply)

- ❑ MI: ____/____/___ where:_____
- ❑ CABG: ____/____/___ where: _____ Anatomy: _____
- ❑ Coronary stent: ____/____/___ where: _____ Vessel(s): _____
- ❑ Lower extremity peripheral vascular surgery
- ❑ Contrast allergy Other known allergies: _____
- ❑ History of renal insufficiency or screening creatinine >=2.0 mg/dl
- ❑ On Coumadin? ❑ Premenopausal Woman?

Procedure (s) Requested: (please check all that apply)

❑ Right Heart Cath	❑ Venous Angiography	❑ Lower Extremity Angio
❑ LV Gram	❑ Renal Angio	❑ Upper Extremity Angio
❑ Left Heart Cath	❑ Aortogram	❑ Carotid Angio
❑ Coronary Stenting: (circle) LAD RCA LCX OTHER		❑ PFO Closure

Other Procedures:_____

Is procedure unilateral? ❑ RIGHT ❑ LEFT

Preferred Access Site: ❑ Femoral ❑ Radial ❑ Brachial ❑ Jugular ❑ Other: _____

Contraindications to groin, neck or radial access (i.e.: prior to vascular surgery) _____

Procedural Information

Requested Interventionalist: _____

Specific Room Required:	❑ Biplane	❑ Peripheral Capable	❑ Other
Anesthesia Consult Required:	❑ Pre Procedure Consult	❑ MAC/GA in room	❑ None
Needs intra-procedure:	❑ TEE	❑ Transthoracic Echo	

Specific Equipment Requested:

❑ IVUS ❑ Pressure Wire ❑ ICE ❑ Rotoblator ❑ Cryotherapy ❑ Laser ❑ Other:_____

If this is a pre-surgical Cath:

Day of Surgery:_____ Type of Surgery:_____ Surgeon: _____

Required Lab work and testing

1. PLEASE INCLUDE CURRENT H & P IN CHART PACKET
2. ECG within 30 days of procedure date: ____/____/___
3. Basic Metabolic Profile, CBC Diff, PT/PTT, Urinalysis (within 30 days): ____/____/___

Women of childbearing age must have pregnancy test: (please advise date) ____/____/___

Physician's Signature: _____**, MD** **Date:** ____/____/___

Please print name: _____**, MD**