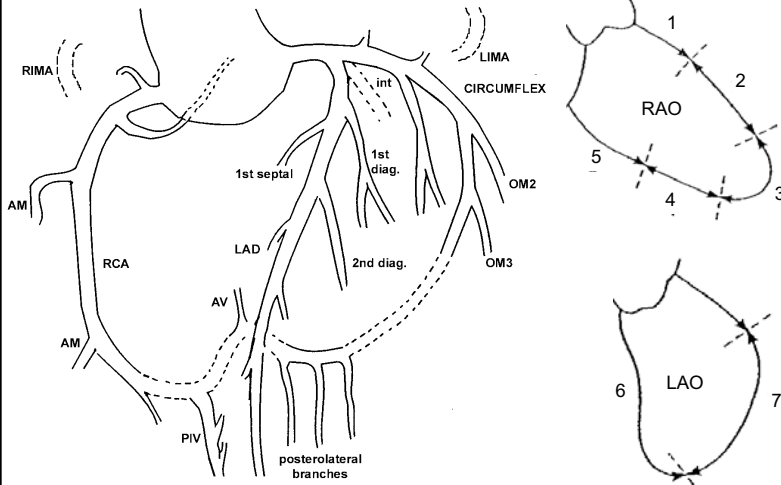




ANGIOPLASTY REFERRAL

Date Reviewed: _____ (YYYY/MM/DD)



CCS Angina Class:

- I
- II
- III
- IVa
- IVb
- IVc

Onset/Duration of symptoms:

Previous MI: No Yes Date _____
 Location _____

NIVT Results:

- Treadmill: Negative Positive
 High Risk Low Risk
 MIBI Defect: None Reversible
 Fixed
 Location _____

DISPOSITION:

Accept: Vessel(s): 1. _____ (A,B1,B2,C) 2. _____ (A,B1,B2,C) 3. _____ (A,B1,B2,C)

Additional characteristics affecting urgency:

- TIMI 1, 2 flow
- Absence of collaterals
- Total occlusion < 3 months
- Large territory at risk
- Thrombus/ulceration
- Survival dependent vessel
- Need for urgent non-cardiac surgery

Priority: **Urgent** **Semi-urgent** **Elective**

- Reject:**
- Unsuitable anatomy
 - No clinical indication
 - Suggest surgery
 - Suggest medical therapy

- Pending:**
- Additional clinical information
 - NIVT results
 - Clinic visit
 - _____

Comments: _____

Research Trial Candidate: _____ (Name of Trial)

Reviewed by: Group Physician: _____