Patient's Last Name	Patient's First Name	MI	Requested Date Time PM

Sex: ☐ M ☐ F	Home Phone	Cell Phone	Work Phone

DOB	SSN	Patient Weight	Research Study Name

TMH089

Insurance Name	Insurance ID Number	Authorization Number

Office Contact and Phone No.	☐ Outpatient ☐ Inpatient	Inpatient Room #

Physician's Name	NPI	Physician's Signature	Date

REQUIRED OUTPATIENT INFORMATION

Patient Registered: ☐ Yes ☐ No	Lab Work Complete: ☐ Yes ☐ No Where Drawn:	Order, Labs, & H&P must be faxed to 713.791.5060 Scheduling phone number: 346.238.7453

Comprehensive H&P completed within 30 days: ☐ Yes ☐ No
Greater than 30 days requires a new H&P.
Update completed H&P within 24 hours prior to procedure: ☐ Yes ☐ No ☐ NA

***First, second and third cases require labs and H&P to be completed and faxed by 2 PM prior to next day cases.**

ORDERS (Check all that apply):

Routine: ☐ EKG ☐ H and H ☐ K ☐ BUN ☐ Creatinine ☐ Metabolic Panel ☐ Lipid Panel ☐ BNP
Other: ☐ CBC ☐ PT ☐ PTT ☐ Platelets ☐ HIV ☐ T and C ☐ T and S ☐ Mg ☐ Foley

SITE

☐ Right Femoral ☐ Left Femoral ☐ Right Arm ☐ Left Arm ☐ Right IJ ☐ Left IJ ☐ Art Line

DIAGNOSTIC

☐ Cath - RH	☐ Biopsy: ◎ Right ◎ Left	☐ Aortic Arch	☐ Renal, Single	☐ Carotid, Single
☐ Cath - LH	☐ Cardiac Output	☐ Abdominal	☐ Renal, Bilateral	☐ Carotid, Bilateral
☐ Cath - Sel Coronaries	☐ Insertion - Hickman	☐ Abdominal w/ Run Offs	☐ Femoral, Single	☐ Iliac, Single
☐ Cath - LV	☐ Insertion - Triple Lumen	☐ Ergonovine	☐ Femoral, Bilateral	☐ Iliac, Bilateral
☐ Oximetry	☐ Insertion - Swan Ganz	☐ Pericardiocentesis	☐ SVG	☐ Pulmonary

INTERVENTIONAL

☐ PCI: ◎ Definite ◎ Possible ☐ RCA ☐ LCA ☐ LAD ☐ Cfx ☐ Left Main ☐ Carotid
☐ Stent ☐ SVG ☐ IM ☐ DX ☐ OM ☐ Ramus

☐ PTA: ◎ Definite ◎ Possible ☐ Femoral ☐ Iliac ☐ Renal ☐ Other:

☐ PFO/ASD ☐ Brachytherapy ☐ IVUS ☐ ICE ☐ IABP ☐ FFR/IFR
☐ Valvuloplasty: ◎ Aortic ◎ Mitral ☐ Alcohol Ablation ☐ Femoral Artery Compression ☐ Rotablator ☐ CSI

EP/PACEMAKER

Electrophysiology
- ☐ Complete (CEPS)
- ☐ Partial (PEPS)
- ☐ Tilt Table
- ☐ Tilt Table w/ Art Line
- ☐ V/T Mapping
- ☐ Ablation
- ☐ Pulmonary vein ablation

Pacemaker
- ☐ Temporary Insertion
- ☐ Permanent ☐ Bi Ventricular
  - ◎ Implant
  - ◎ Lead Replacement
  - ◎ Generator Change
  - ◎ Explant
- ☐ **Warranty**

Org. Implant Date _____

Company: _____ Notified: ☐ Yes ☐ No

AICD
- ☐ Implant
- ☐ Lead Replacement
- ☐ Generator Change
- ☐ Explant
- ☐ AICD Check
- ☐ Bi Ventriculer
- ☐ **Warranty**

Org. Implant Date _____

Other
- ☐ TEE Only
- ☐ Cardioversion with TEE
- ☐ Cardioversion Only

Anesthesia Needed? ☐ Yes ☐ No

- ☐ Laser Lead Extraction
- ☐ Implantable Loop Recorder
- ◎ Implant ◎ Explant
- ☐ Reveal ◎ Implant ◎ Explant
- ☐ LAA Closure Device

DIAGNOSIS ICD_10 CODES	CPT PROCEDURE CODES	OTHER ORDERS/INSTRUCTIONS/ADDITIONAL INFO:
		Current Creatinine Level: _____ Aggressive Hydration: ☐ Yes ☐ No

Metal Implants?	Yes	No
AICD	☐	☐
Pacemaker	☐	☐
Knee	☐	☐
Hip	☐	☐
Aortic Clips	☐	☐
Other _____		

Other:

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist
DEBAKEY HEART & VASCULAR CENTER

Cardiac Catheterization Laboratory Procedure Order Form

Form # HMH089 (01/2023) - Ver 8

CARDIAC CORONARY FORM