WORKING COPY

ID { WISE ID_____

Name Code: _ _ _ _ _

WISE ANGIOGRAPHY CORE LABORATORY
CLINICAL CENTER TECHNICIAN WORKSHEET

1. Date of Angiogram ___/___/___ TWDAT
   mm dd yy

2. Medications taken within 24 hours of study:

	Yes 1	No 0
2.1 Beta Blocker TWBET	( )	( )
2.2 Calcium Antagonist TWCAL	( )	( )
2.3 Nitrates TWNIT	( )	( )
2.4 ACE Inhibitors TWACE	( )	( )
2.5 Other Antihypertensive TWOTH	( )	( )
2.6 Digoxin TWDIG	( )	( )
2.7 Estrogen TWEST	( )	( )
2.8 Progesterone TWPRO	( )	( )

3. Catheters used:

	Circle size (French)				Manufacturer/Model
RCA:	5	6	7	8	_____
LCA:	5	6	7	8	_____

4. Views: (List all views, give degrees and circle LAO/RAO and Cranial/Caudal for each)

	LCA		RCA
1. _____ °]	_____ °L R _____ °CR CA		1. _____ °L R _____ °CR CA
2. _____ °] use for	_____ °L R _____ °CR CA		2. _____ °L R _____ °CR CA
3. _____ °] enumerated	_____ °L R _____ °CR CA		3. _____ °L R _____ °CR CA

5. types ıbstudies:

	A	B	C
C	_____	_____	_____
P	_____	_____	_____
D	_____	_____	_____
R[illegible]	_____	_____	_____
Repeated view(s)	_____	_____	_____
Flow Wire (Y/N)	_____	_____	_____

6. Person Completing Form:_____