

NAME OF THE HOSPITAL: \_\_\_\_\_

13. Refractory Cardiac Failure: M7T1.5

1. Name of the Procedure: Refractory Cardiac Failure

2. Indication:

Heart failure despite maximum medical management

3. Did the patient present with breathlessness, oedema feet, pulmonary edema, hypotension, pre-syncope, syncope, requiring inotropic support & patient not responding despite maximum medical management: Yes/No (Upload medical management records)

4. If the answer to question 3 is Yes then are the following tests being done- ECG, Chest X ray, 2 D Echo, Cardiac biomarkers: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of patient not on optimized medical therapy: Yes/No

For Eligibility for Refractory Cardiac Failure the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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