

NAME OF THE HOSPITAL: _____

17. Complex Arrhythmias: M7T1.8

1. Name of the Procedure: Complex Arrhythmias

2. Indications:

Atrial tachycardia/ Ischemic or scar ventricular tachycardia/ Atrial flutter/ Atrial fibrillation

3. Did the patient present with palpitation, pre syncope, syncope, dyspnoea, chest pain, nausea, tachycardiomyopathy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- ECG, 2 D Echo with colour doppler, Intracardiac E.P tracing – (optional): Yes/No (Upload reports)

For Eligibility for Complex Arrhythmias the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp
