

NAME OF THE HOSPITAL: _____

18. Simple Arrhythmias: M7T1.9

1. Name of the Procedure: Simple Arrhythmias

2. Indications:

Atrioventricular nodal reentry tachycardia (AVNRT)/AVRT/ Fascicular ventricular tachycardia

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

4. If the answer to question 3 is Yes then are the following tests being done - ECG/ Intracardiac E.P tracing: Yes/No (Upload reports)

For Eligibility for Simple 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
