

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

54) CABG Off Pump Without IABP

1. Name of the Procedure: CABG Off Pump Without IABP
2. Select the Indication from the drop down of various indications provided under this head:

Chronic Stable Angina
Acute Coronary Syndrome Unstable Angina
Acute Coronary Syndrome
Non-ST Elevation MI

3. Does the patient have Angina class III-IV: Yes/No
4. If answer to 3 is NO, does the patient have a moderately or strongly positive stress test: Yes/No  
(Attach Stress Test Report)
5. If the answer to either question 3 OR question 4 is yes,
  - a. Does the patient have >50% diameter stenosis of the left main coronary artery: Yes/No  
(Upload Angiogram) AND/OR
  - b. Does the patient have significant(>70%) two or three-vessel coronary disease: Yes/No  
(Upload Angiogram)
6. If the answer to either question 5a OR 5b is Yes then is the patient receiving aspirin and statin AND at least 2 of the following classes of drugs: long acting nitrates, betablockers, calcium channel blockers: Yes/No (Attach Prescription)
7. Treatment –  
I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

\_\_\_\_\_