

TAVR/TMVR PATIENT CHECKLIST

The following information is needed before your appointment to be evaluated for transcatheter valve replacement (TAVR/TMVR)

Information About You

- Name: _____ Date of Birth: _____
- Address: _____
- Phone : (home) _____ (cell) _____ (work) _____
- Email address: _____
- Insurance Information (include copy of front and back of card)
- Medical history and physical report (completed in the last 12 months), including information about the condition related to your referral
- Test results and imaging:
 - ___ Most recent cardiac catheterization report and film on CD in **DICOM format**
 - ___ Most recent echocardiogram and/or TEE and film(s) in **DICOM format**
 - ___ Most recent EKG
 - ___ Most recent carotid ultrasound (if completed)
 - ___ Most recent CT/CTA of chest, abdomen/pelvis and film(s) (if completed)
 - ___ Most recent pulmonary function tests (if available)
 - ___ Most recent lab results, including a basic metabolic panel, CBC and platelets
- If you had open heart surgery**, please include a copy of the operative note
- If you have a pacemaker or defibrillator**, please include a copy of your device card (front and back)
- Local Cardiologist:**
 - Name: _____ Practice (if not private office): _____
 - Phone: _____ Fax: _____
 - Address: _____
 - _____

(OVER)

Primary Care Doctor:

Name: _____ Practice (if not private office): _____

Phone: _____ Fax: _____

Address: _____

WHERE TO SEND YOUR INFORMATION

MAIL TO (Please use overnight delivery for all CDs):

Cleveland Clinic
Sydell and Arnold Miller Family Heart & Vascular Institute
Attn: Nora Brown, MSN / Maria Held, MSN
Interventional Cardiology, Desk J2-3
9500 Euclid Avenue
Cleveland, OH 44195

FAX: 216.636.6436

Phone: 216.445.5557 or Toll-free 1.800.223.2273, ext, 55557

Please feel free to contact the office at any time if you have questions or concerns.



Cleveland Clinic

9500 Euclid Avenue, Cleveland, Ohio 44195
clevelandclinic.org/heart

Hearing Impaired (TTY) Assistance: 216.444.0261

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