

TRANSCATHETER VALVE PROCEDURE PATIENT CHECKLIST

The following information is needed before your appointment to be evaluated for a transcatheter valve procedure.

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 have 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 Healthcare Provider:

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 & Thoracic Institute

Attn: Dr. Grant Reed

Interventional Cardiology, Desk J2-3
9500 Euclid Avenue
Cleveland, OH 44195

FAX: 216.445.6198

Phone: 216.445.7396 or Toll-free 1.800.223.2273. ext. 57396

Please call the office if you have questions or concerns.



This information is not intended to replace the medical advice of your healthcare provider. Please consult your healthcare provider for advice about a specific medical condition or treatment.

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