

INFORMED CONSENT FOR CARDIAC CATHETERIZATION

I, Fathima Bte G/F (Name) hereby give my willing consent for the procedure of PTCA - RCA on 27/2/16 to be performed

The nature of the procedure its conduct, complications, likely disabilities that might result, the advantages and disadvantages of it have been explained to me in detail and to my satisfaction by Dr. Nayan Das and I have understood them. I also give my advance consent for performance of any additional procedures that may be necessary, in the opinion of the doctors to correct life threatening complications or disability that requires immediate rectification, including blood transfusion and any other invasive procedures. I also understand that no assurance is given to me as to which doctor would perform the procedure and would abide by the decision of the Head of the Unit of Cardiology in this assignment.

risk of VF/SCD/CIN / Bleeding / Angiobolus / stroke are explained

SIGNATURE : [Signature]

SIGNATURE : M.D. Hayes

DOCTOR : HRD / PMO

NAME : _____

K/C/O VT SP RFA (2014)

WITNESS

SP PIN - (A) popliteal A

RELATIONSHIP TO PATIENT :

plan pin - RCA

No chest pain / SOB

K/C/O PMO

ECG -

DATE :

1) pre-procedure

2) T. Clospirin 325mg 6AM

3) T. Clopilot 600mg 6AM

4) T. Aspirin 81mg 6AM

5) CBR, BUA tomorrow

6) T. Calmipex

7) T. Brevibol

ECG - normal no evidence of ischemia
good wall