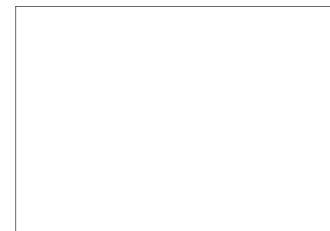




# Revascularization AUC Data Reporting Sheet

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_



## Patient Information

- CCS II (Slight limitation of ordinary activity)
- Maximal Medical Therapy (2 or more classes of medications)
- No non-invasive testing performed
- Previous CABG

Data reporting sheet provided by:

**SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App**

App available at:

[www.SCAI-QIT.org](http://www.SCAI-QIT.org)



This scenario is not rated **NR**

## Compiled By:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Operating Physician:

Operating Physician Comments:

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\_\_\_\_\_  
\_\_\_\_\_

Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Confirming Physician / Interventionalist:

Comments:

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Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_