Your Hospital's Logo Here

PERIPHERAL ANGIOPLASTY PROCEDURE LOG REPORT

PATIENT IDENTIFICATION

PATIENT NAME:	MR #:	PROCEDURE:
PHYSICIAN:	DATE:	RECORDER:

Military TIME 2400	VESSEL LESION SITE	GUIDE CATHETER	GUIDE WIRE	BALLOON / STENT	INFLATION TIME (SEC.)	INFLATION PRESSURE (ATM)	MEDS GIVEN

RECORDER'S SIGNATURE

DATE