1. Hematoma Present:  
   □ YES  □ NO  
   If “YES”, note measured size: ________________________________

2. Ecchymosis Present:  
   □ YES  □ NO  
   If “YES”, note surface area covered: ________________________________

3. Any other complications related to procedure: ________________________________
   ________________________________
   ________________________________

4. Procedure performed:  
   □ DIAGNOSTIC CATH  
   □ CORONARY INTERVENTION  
   □ PERIPHERAL INTERVENTION

5. Contact telephone number for patient: ________________________________

6. Please return to Cardiology, in care of Caroline Malfara.

7. Prescription for Plavix:  
   □ YES  □ NO

RN SIGNATURE / TITLE: ________________________________  DATE: ________________________________

DATA COLLECTION SHEET - Not Permanent Part of Chart