The Diagnostic Heart C	Coronary Angiography	
Pat: ARMATTA, BETH ID: 5295 DOS: 01/27/11	DATE j-27-2011	
DOB: 10/26/62 AGE: 48 Phone: (832)703-7215	SEX F AGE 48	
Dr: FEGHALI, SAYED		
O O RCI NO DEMOND	Plage	
3.5×18 m Cter Mini vision Cter Expanded = 3.5×1 NC ballon a	EF%	
	· //	
	RA: a. 5 v. 3 x. 4 76.86	
	RV: 35 / 5	
FINDINGS: on Clent	PCI PA: 28 1 8 x: 15 75.7%	
RmdRet	PCP: a: 11 v: 9 x: 5	
	AO: /// / (OC) x: 75 .	

DIAGNOSIS:

SIGNATURE:

LV: _____ / EDP ____

□TD □Fick CO: 7.26 CI: 5.03. BSA: 684



Sear amotte

Signature Patient / Family

DISCHARGE INSTRUCTIONS

Pat: ARMATTA, BETH

ID: 5295 DOS: 01/27/11 DOS: 10/26/62 AGE: 48 Phone: (832)703-7215

Printed Instruction Sheet(s) Given to Patient:	phone: (832)703-7213
Wascular Closure	Dr: FEGHALI, SAYED
TR Band Discharge Instructions	DI:
Activity:	
Rest in bed or recliner today.	
Hold pressure to groin site when coughing, laughing, sneezing, urinating or ha	aving a bowel movement for 24 hours.
Do not drive today. A responsible person must drive you home.	
Avoid any strenuous exercise of the limb where your procedure was done for	three days.
No lifting 10 pounds or more for three days.	" > which manday
	three days. Z Until Monday
Food/Fluids:	
Continue to drink plenty of fluids (4-6 glasses) for the next 24(48)hours.	
Resume your normal diet, unless otherwise instructed by your physician.	•
Low cholesterol diet	•
Low Fat diet	
Li Low Sodium diet	
Dressing/Procedure Site Care:	•
Take your entire dressing off tomorrow morning.	donnier Washaha site with a control of
Take a shower tomorrow. Get dressing wet prior to removing, gently remove	e dressing. Wash the site with soap and water. Do
not take a tub bath or get in a whirlpool until the site heals, usually 3-5 days.	
Apply a Band-Aid enly if needed.	. .
Avoid using lotions/powders on the procedure site until it is completely heale	ea.
Doin Monogoments	
Pain Management: U Take the prescribed pain medication as prescribed	cribed by your doctor.
You can take Tylenol if necessary for discomfort at the procedure site.	cribed by your doctor.
13 Toucasi take Tylenor it inccessary for disconnort at the procedure site.	•
Medications:	
Resume all medications	
Resume glucophage/glucovance	
Resume blood thinners	
Begin new prescription(s)	
Tipolo OM	<u> </u>
Call your doctor LANG i at (13) 191-000	∫if:
	_
You have bleeding at the procedure site. If this occurs, lie down, place your h	hand directly over the site and apply pressure unti
the bleeding stops (at least 15 minutes). If bleeding continues, call 911.	and apply pressure unit
You have numbness/tingling/coldness in the extremity of the procedure site.	•
You have increased pain or swelling at the procedure site.	
You develop a fever.	
You have nausea and/or vomiting.	
You develop a rash.	
(Non feel chest pain or pressure shortness of breath, or irregular heart heats or	r palpitations.
You feel dizziness or faint.	- FK
You feel dizziness or faint. You feel dizziness or faint. Follow-up: Call your physician for a follow-up appointment Other instructions:	morow 1/301.
Føllow-up:	~8///
Call your physician for a follow-up appointment	L weeks
Other instructions:	() () () () () () () () () ()

Please carry this card at all times. Show it to any medical personnel who may be treating you.

PLEASE CARRY THIS CARD AT ALL TIMES. The Guidant Multi-Link VISION® family of coronary stents has been shown in non-clinical testing to be MRI safe immediately following implantation. MRI test conditions used to evaluate this stent were: for magnetic field interactions, a static magnetic field strength of 3 tesla with a maximum spatial gradient magnetic field of 3.3 tesla/meter; for MRI-related heating, a maximum whole body averaged specific absorbtion rate (SAR) of 2.0 W/kg for 15 minutes of MR imaging. While a single stent produced a temperature rise of less than 0.6°C and should not migrate under these conditions, the response of overlapping stents or stents with fractured struts is unknown. Non-clinical testing has not been performed to rule out the possibility of stent migration at field strengths.

Stent Patient Implant Card				
ARMAT Patient Name	TA, BET	H /6-2 Date of E	6-62 Birth	
	GAAC.			
Dagues Hospital Name	sic Hor	HT Centre	LOF St. Luke	
City/State Texas /- 27-2011 Date of Implant				
Stent Identification Information				
MULTI-LINK VISION 3.5 mm × 18 mm REF 1010144-18 ILOTI 8051331 OTW	Affix Product Label Here or complete:	Affix Product Label Here or complete:	Affix Product Label Here or complete:	
	Product Part # (REF)	Product Part # (REF)	Product Part # (REF)	
	Product Lot #	Product Lot #	Product Lot #	
Location of First Stent	Location of Second Stent	Location of Third Stent	Location of Fourth Stent	