

KHN Cath and EP Lab Scheduling Form During COVID-19

Please note that this form is for outpatient electives.

Inpatient procedures will continue to be performed due to their universally recognized urgent status.

Patient Name: _____

E#: _____

Name of Procedure: _____

Date of Procedure: _____

Location of Procedure: _____

Clinical Justification: (Please refer to the network-accepted Cath, EP, PAD, and Structural Heart Elective Scheduling Criteria)

Signature of Performing Physician

Signature of Medical Director

Date: _____ Time: _____

Please route this form to KHN Incident Command once completed