**Format for Heart Team’s Recommendations for EECP**

1. **Initial Opinion by the Cardiologist :**
2. Investigations perused :
3. Whether patient is fit for intervention : Yes / No
4. If No, reasons in detailed :

The Patient is unable to undergo revascularization due to --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- and has undergone maximal optimal medical therapy (Betablockers, ACEIs, Aspirin, Clopidogrel (Ticagrelor/Prasugrel),Nitrates, Nikorandil, Ranolazine) and has refractory angina.

Name, Reg.No., Seal & Sign

of Cardiologist

Date:

===================================================================

1. **Opinion by the Cardiothoracic Surgeon:**

Investigations perused:

Whether Coronary Angiogram procedure video was verified : Yes/No

Whether patient is fit for surgical intervention: Yes / No

If No, reasons in detailed:

Name, Reg.No., Seal & Sign of Cardiothoracic Surgeon

Date:

=====================================================================

**Final Opinion by the Cardiologist, after perusing the Cardiothoracic Surgeon’s opinion:**

Recommended / Not recommended for EECP [Tick whichever is applicable]

Treating Cardiologist’s Seal & Sign & Date