Print Form

PROGRAM FLEXIBILITY REQUEST FOR CARDIAC CATHETERIZATION LABORATORIES

Name of Hospital:	
Address:	
Telephone Number:	
FAX Number or Email Address:	

Please provide a detailed list of the additional procedures requested for program flexibility in the cardiac catheterization laboratory space.

Indicate (check) hospital's service below:

____GACHS **without** a licensed cardiovascular surgery service are limited to requesting additional diagnostic cardiac procedures and non-cardiac interventional procedures. Please provide additional sheets if needed.

____GACHS **with** a licensed cardiovascular surgery service may include additional cardiac procedures as well as non-cardiac interventional procedures. Please provide additional sheets if needed.

REQUESTED PROCEDURES FOR PROGRAM FLEXIBILTY

To the best of my knowledge, I hereby attest that the cardiac catheterization laboratory space is in compliance with all applicable Title 22 and Title 24 regulations concerning the safe operation of an operating room environment.

_____	_____	_____
Print Name and Title	**Signature**	**Date**

Phone Number: _____