

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

ARTERIAL LINE:

Ultrasound dynamic-guidance used

Indication(s):

- Need for continuous blood pressure monitoring
 Vasopressor support monitoring
 Frequent arterial blood gas measurements
 Other indications as noted in the H&P

Location:

Right Left: Radial artery Brachial artery Axillary artery Femoral artery

Complications: NONE Other: _____

Resident/PA/NP Signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

Attending Signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

I (the Attending physician) was present and personally supervised the entire procedure

CPT: 76937-26