Label size - 3 x 5

Core Measure

MD DOCUMENTATION NEEDED
Date:______________

Remove this section when completed

002

REMINDER

DOCTOR - PLEASE COMPLETE FOR CHF CORE MEASURES
LEFT VENTRICULAR SYSTOLIC DYSFUNCTION

☐ **ACEI and ARB NOT PRESCRIBED - INDICATE REASON:**
- ☐ ACEI or ARB ALLERGY OR ADVERSE REACTION
- ☐ HYPERKALEMIA
- ☐ HYPOTENSION
- ☐ RENAL DYSFUNCTION
- ☐ OTHER ______________________________

☐ **BETA BLOCKER NOT PRESCRIBED - INDICATE REASON:**
- ☐ BETA BLOCKER ALLERGY
- ☐ HYPOTENTION
- ☐ BRADYCARDIA
- ☐ 2nd or 3rd DEGREE HEART BLOCK
- ☐ COPD/ Asthma
- ☐ OTHER ______________________________

DATE ____________ MD SIGNATURE ______________________________