

(facility name)

ICD-10-CM MD QUERY

Resident:

MR#:

Admission date:

Query date:

Primary MD:

Issue:

<u>Heart failure:</u>	Acute	_____
	Chronic	_____
	Acute on chronic	_____
	Unspecified	_____

_____ Left ventricular failure

_____ Systolic heart failure

_____ Diastolic heart failure

_____ Combined systolic and diastolic heart failure

_____ Heart failure, unspecified

_____ Unable to determine

_____ Clinically irrelevant

MD signature

Date

**if any questions, please contact _____ from _____ Dept. at _____ (phone ext.)*