

NAME OF THE HOSPITAL: _____

8). Biliary Stricture - Post Op Stent 7 Days Stay: M14V1.16

1. Name of the Procedure: Biliary Stricture - Post Op Stent

2. Indications: Post - Operative Biliary stricture

3. Did the patient present with Jaundice/ Itching/ Clay stools/ Fever/ Abdominal Pain:
Yes/No

4. If the answer to question 3 is Yes is there evidence of Biliary Stricture documented through investigations like- Liver profile, Hemogram, Electrolytes, Creatinine & Endoscopic Ultrasound (EUS)/ MRCP/ ERCP: Yes/No (Upload reports)

For Eligibility for Biliary Stricture -Post Op Stent the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
