

NAME OF THE HOSPITAL: \_\_\_\_\_

12). Corrosive Oesophageal Injury 7 Days Stay: M14V1.20

1. Name of the Procedure: Corrosive Oesophageal Injury
2. Indications: Oesophageal Corrosive Injury
3. Did the patient present with Chest or abdominal pain/ Dyspnea/ Hematemesis/  
Drooling/ Dysphagia/ Emphysema/ Pleural effusion: Yes/No
4. If the answer to question 3 is Yes is there evidence of oesophageal corrosive injury & are  
the following tests done- Barium Swallow/ CT Chest or abdomen/ Ultrasound/ Upper GI  
Endoscopy: Yes/No (Upload reports)

For Eligibility for Corrosive Oesophageal Injury (for invasive intervention) 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

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