

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

13). Achalasia Cardia:M14V1.3

1. Name of the Procedure: Achalasia Cardia
2. Indication: Achalasia Cardia
3. Did the patient present with chest or abdominal pain/ dyspnea/ dysphagia/ regurgitation/ weight loss/ halitosis: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of achalasia cardia in Barium Swallow/ Upper GI Endoscopy: Yes/No (Upload test reports) (Esophageal manometry-Optional)
5. If the answer to question 4 is Yes is there evidence of Unstable hemodynamic status: Yes/No

For Eligibility for Achalasia Cardia (Invasive intervention) the answer to question 5 must be No

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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