

NAME OF THE HOSPITAL: _____

14). Oesophageal Varices, Variceal Banding One Day Stay: M14V1.4

1. Name of the Procedure: Oesophageal Varices, Variceal Banding
2. Indications: Oesophageal Varices
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of Oesophageal varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Oesophageal Varices, Variceal banding 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
