

NAME OF THE HOSPITAL: _____

18). Gastric Varices 3 Days Stay: M14V1.8

1. Name of the Procedure: Gastric Varices
2. Indications: Gastric 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 Gastric Varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Gastric Varices (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
