

NAME OF THE HOSPITAL: _____

4). Radiofrequency Tumor Ablation Therapy: M15W1.12

1. Name of the Procedure: Radiofrequency Tumor Ablation Therapy

2. Indication: Select indication which is applicable

Liver: HCC/ Metastasis
Bone: Osteoid Osteoma/ Painful Lytic bone/ Metastases/ Osteoblastoma/ Chondroblastoma/ Giant Cell Tumor/ Painful Myeloma
Lung: NSCL/ pulmonary metastases
Kidney: Small Renal Cell Carcinoma < 4 cms limited to kidney/ RCC, poor surgical candidate/ RCC in solitary kidney/ Bilateral RCC/ RCC with genetic predisposition to multiple tumor

3. Does the patient presented with symptoms related to liver malignancy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Coagulation profile (PT INR, Platelet Count), Sr creatinine, Sr electrolytes, CT/MRI, PET
Scan (optional): Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Tumor > 5 cms: Yes/No
- b. More than 3 Mets: Yes/No
- c. Severe Coagulopathy: Yes/No
- d. Child Pugh class C: Yes/No
- e. Tumor < 1cm from main bile duct: Yes/No

For Eligibility for Radiofrequency Tumor Ablation Therapy the answer to questions 5a, 5b,
5c, 5d, 5e must be No

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

5). Radiofrequency Tumor Ablation Therapy: M15W1.12

1. Name of the Procedure: Radiofrequency Tumor Ablation Therapy

2. Indication: Select indication which is applicable

Liver: HCC/ Metastasis
Bone: Osteoid Osteoma/ Painful Lytic bone/ Metastases/ Osteoblastoma/ Chondroblastoma/ Giant Cell Tumor/ Painful Myeloma
Lung: NSCL/ pulmonary metastases
Kidney: Small Renal Cell Carcinoma < 4 cms limited to kidney/ RCC, poor surgical candidate/ RCC in solitary kidney/ Bilateral RCC/ RCC with genetic predisposition to multiple tumor

3. Does the patient presented with symptoms related to bone malignancy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Coagulation profile (PT INR, Platelet Count), Sr creatinine, Sr electrolytes, CT/MRI, PET
Scan (optional): Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Coagulopathy: Yes/No
- b. Active infection: Yes/No

For Eligibility for Radiofrequency Tumor Ablation Therapy the answer to questions 5a & 5b must be No

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

6). Radiofrequency Tumor Ablation Therapy: M15W1.12

1. Name of the Procedure: Radiofrequency Tumor Ablation Therapy

2. Indication: Select indication which is applicable

Liver: HCC/ Metastasis
Bone: Osteoid Osteoma/ Painful Lytic bone/ Metastases/ Osteoblastoma/ Chondroblastoma/ Giant Cell Tumor/ Painful Myeloma
Lung: NSCL/ pulmonary metastases
Kidney: Small Renal Cell Carcinoma < 4 cms limited to kidney/ RCC, poor surgical candidate/ RCC in solitary kidney/ Bilateral RCC/ RCC with genetic predisposition to multiple tumor

3. Does the patient presented with symptoms related to lung malignancy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Coagulation profile (PT INR, Platelet Count), Sr creatinine, Sr electrolytes, CT/MRI, PET
Scan (optional): Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Tumor > 3.5 cms: Yes/No
- b. Coagulopathy: Yes/No
- c. Pts with ECOG status > 2: Yes/No

For Eligibility for Radiofrequency Tumor Ablation Therapy the answer to questions 5a, 5b & 5c
must be No

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

7). Radiofrequency Tumor Ablation Therapy: M15W1.12

1. Name of the Procedure: Radiofrequency Tumor Ablation Therapy

2. Indication: Select indication which is applicable

Liver: HCC/ Metastasis
Bone: Osteoid Osteoma/ Painful Lytic bone/ Metastases/ Osteoblastoma/ Chondroblastoma/ Giant Cell Tumor/ Painful Myeloma
Lung: NSCL/ pulmonary metastases
Kidney: Small Renal Cell Carcinoma < 4 cms limited to kidney/ RCC, poor surgical candidate/ RCC in solitary kidney/ Bilateral RCC/ RCC with genetic predisposition to multiple tumor

3. Does the patient presented with symptoms related to kidney malignancy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Coagulation profile (PT INR, Platelet Count), Sr creatinine, Sr electrolytes, CT/MRI, PET
Scan (optional): Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

a. Presence of distant metastases: Yes/No

b. Tumor > 5 cms or tumor in hilum or central collecting system: Yes/No

For Eligibility for Radiofrequency Tumor Ablation Therapy the answer to questions 5a & 5b
must be No

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

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