

NAME OF THE HOSPITAL: _____

9). Inferior Vena Cava Filter Placement: M15W1.14

1. Name of the Procedure: Inferior Vena Cava Filter Placement

2. Indications: Select indication which is applicable

In documented DVT & PE cases:

Contraindication to anticoagulation/ Failure of anticoagulation/ Complication of anticoagulation

3. Does the patient presented with breathlessness with reduced O2 saturation, hemoptysis, associated lower limb swelling, CCF: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- creatinine, Color Doppler (Deep Vein Thrombosis)/ CT Scan (Pulmonary Embolism): Yes/No (Upload reports)

For Eligibility for Inferior Vena Cava Filter Placement 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
