

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

12). Uterine Artery Embolization In Severe Menorrhagia Secondary To PPH, Uterine Fibroids And AVM: M15W1.17

1. Name of the Procedure: Uterine Artery Embolization In Severe Menorrhagia Secondary To PPH, Uterine Fibroids And AVM
2. Indications: Select indication which is applicable  
Post partum hemorrhage/ Uterine Fibroids/ Uterine AVM/Adenomyosis
3. Does the patient presented with menorrhagia/dysmenorrhoea/obstructive systems such as hydronephrosis, hypotension/shock, anemia: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- USG, pap smear, creatinine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Viable Pregnancy: Yes/No
  - b. Adenexal malignancy: Yes/No
  - c. Pelvic Inflammatory Disease: Yes/No

For Eligibility for Uterine Artery Embolization In Severe Menorrhagia Secondary To PPH, Uterine Fibroids And AVM the answer to question 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

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