

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

23). Embolization Of Pulmonary AV Malformation Post Procedure Evidence Of Clinical Photograph And Radiographic Image: M15W1.27

1. Name of the Procedure: Embolization Of Pulmonary AV Malformation Post Procedure Evidence Of Clinical Photograph And Radiographic Image
2. Indications: Select indication which is applicable  
Embolization Of Pulmonary AV Malformations/ Embolization Of Pulmonary pseudoaneurysms
3. Does the patient presented with arterial hypoxemia, paradoxical embolization, hemoptysis, hemothorax: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Creatinine, PT INR, CT/ pulmonary angio: Yes/No (Upload reports)

For Eligibility for Embolization Of Pulmonary AV Malformation Post Procedure Evidence Of Clinical Photograph And Radiographic Image 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

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