

NAME OF THE HOSPITAL: _____

24). Preoperative Prophylactic Tumor Embolization: M15W1.28

1. Name of the Procedure: Preoperative Prophylactic Tumor Embolization
2. Indications: Moderate or highly hypervascular tumor
3. Does the patient presented with weight loss, loss of appetite: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Creatinine, PT INR, CT/ MRI/ USG: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Fever: Yes/No
 - b. Sepsis: Yes/No

For Eligibility for Preoperative Prophylactic Tumor Embolization the answer to question 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
