

NAME OF THE HOSPITAL: _____

25). Embolization Of AV Malformation Of Brain Per Sitting With Onyx: M15W1.29

1. Name of the Procedure: Embolization Of AV Malformation Of Brain Per Sitting With Onyx
2. Indications: Select indication which is applicable
Ruptured AV malformation/ Unruptured AV malformation with intractable epilepsy/
Unruptured AV malformation with progressive neurodeficit/ Unruptured AV
malformation with intractable headache/ Unruptured AV malformation with exclusive
deep venous drainage/ Unruptured AV malformation with intranidal aneurysm/
Unruptured AV malformation with intranidal AVF
3. Does the patient presented with epilepsy, severe headache, vomiting, loss of
consciousness, neuro deficits: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Creatinine, PT INR, CT, MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Unfavorable anatomy: Yes/No
 - b. Renal insufficiency: Yes/No
 - c. Contrast allergy: Yes/No
 - d. Uncorrectable coagulopathy: Yes/No

For Eligibility for Embolization Of AV Malformation Of Brain Per Sitting With Onyx the
answer to question 5a, 5b, 5c & 5d must be No

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

Treating Doctor Signature with Stamp
