

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

15). Hepatic Vein Stenting In Budd - Chiari Syndrome Single Stent: M15W1.2

1. Name of the Procedure: Hepatic Vein Stenting In Budd - Chiari Syndrome Single Stent
2. Indications: Hepatic vein occlusion/ stenosis < 3cms
3. Does the patient presented with ascites, jaundice, liver cirrhosis, dilated abdominal veins: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Creatinine, Coagulation profile (PT INR, APTT, platelet count), Color Doppler/ CT/ MRI Liver: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of uncorrectable coagulopathy: Yes/No

For Eligibility for Hepatic Vein Stenting In Budd - Chiari Syndrome Single Stent the answer to question 5 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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