

NAME OF THE HOSPITAL: _____

27). Carotid Stenting Single Stent With Protection Device: M15W1.30

1. Name of the Procedure: Carotid Stenting Single Stent With Protection Device
2. Indications: Select indication which is applicable
Symptomatic moderate to severe carotid artery disease (diameter of the lumen of the internal carotid artery is reduced by more than 70% as documented by non invasive imaging or more than 50% as documented by catheter angiography)/ Asymptomatic high grade stenosis (>70%) with contralateral ICA occlusion
3. Does the patient presented with hemiparesis, aphasia, dyarthria, loss of consciousness, cranial nerve palsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, PT INR, Creatinine, MRI/ CT- Angiogram, Doppler: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Thrombus at site of disease: Yes/No
 - b. Chronic total occlusion: Yes/No

For Eligibility for Carotid Stenting Single Stent With Protection Device 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
