

NAME OF THE HOSPITAL: _____

30). Embolization Of Caratico-Cavernous Fistula: M15W1.33

1. Name of the Procedure: Embolization Of Caratico-Cavernous Fistula
2. Indications: All symptomatic cases
3. Does the patient presented with pulsatile proptosis, cranial nerve palsy, loss of consciousness, headache, vomiting, neurodeficit: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Creatinine, PT INR, clinical photograph of affected eye, CT/ MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Renal insufficiency: Yes/No
 - b. Contrast allergy: Yes/No
 - c. Uncorrectable coagulopathy: Yes/No

For Eligibility for Embolization Of Caratico-Cavernous Fistula the answer to question 5a, 5b & 5c must be No

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

Treating Doctor Signature with Stamp
