

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

32). Renal Artery Embolization With Multiple Coils And Microcatheter: M15W1.4

1. Name of the Procedure: Renal Artery Embolization With Multiple Coils And Microcatheter
2. Indications: Select indication which is applicable  
Renal artery pseudoaneurysm/ Renal arterio-venous fistula/ Renal arterio-venous malformation/ Benign or malignant hypervascular tumors
3. Does the patient presented with hematuria/ retroperitoneal hematoma/ hypotension/ tachycardia/ abdominal pain: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Creatinine, PT INR, USG, CT-Angiogram/ MRI/ DSA Angiogram: Yes/No (Upload reports)

For Eligibility for Renal Artery Embolization With Multiple Coils And Microcatheter the answer to question 4 must be Yes

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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