

NAME OF THE HOSPITAL: _____

34). Deep Venous Thrombolysis For DVT With IVC Filter: M15W1.6

1. Name of the Procedure: Deep Venous Thrombolysis For DVT With IVC Filter
2. Indications: Acute iliofemoral deep vein thrombosis less than 14 days
3. Does the patient presented with limb swelling, dyspnea: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Color Doppler/ Clinical Photograph of affected limb: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Contraindications to thrombolytic therapy: Yes/No
 - b. Patients > 70 years of age: Yes/No
 - c. Moderate to severe renal dysfunction: Yes/No
 - d. Pregnancy: Yes/No
 - e. Severe liver dysfunction: Yes/No
 - f. Severe uncontrolled hypertension: Yes/No

For Eligibility for Deep Venous Thrombolysis For DVT With IVC Filter the answer to question 5a, 5b, 5c, 5d, 5e & 5f must be No

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

Treating Doctor Signature with Stamp
