

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

35). Subclavian, Iliac, Superficial Femoral Artery Stenting Each With One Stent: M15W1.7

1. Name of the Procedure: Subclavian, Iliac, Superficial Femoral Artery Stenting Each With One Stent
2. Indications: Arterial Insufficiency of affected arterial territory
3. Does the patient presented with lifestyle limiting claudication, tingling, critical limb ischaemia, numbness of the affected upper limb, pre gangrenous changes & critical limb ischaemia of affected lower limb: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Creatinine, PT INR, Color Doppler/ Angiography: Yes/No (Upload reports)

For Eligibility for Subclavian, Iliac, Superficial Femoral Artery Stenting Each With One Stent 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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