

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

36). Tibial Angioplasty In Critical Limb Ischemia: M15W1.8

1. Name of the Procedure: Tibial Angioplasty In Critical Limb Ischemia
2. Indications: Peripheral vascular insufficiency (Critical Limb Ischemia)
3. Does the patient presented with rest pain, ischemic ulceration, blackening of fingers:  
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC,  
Creatinine, PT INR, Angiogram/ Doppler: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Vessels with acute ischemic symptoms: Yes/No
  - b. Angiographic evidence of fresh thrombus: Yes/No

For Eligibility for Tibial Angioplasty In Critical Limb Ischemia 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

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