

NAME OF THE HOSPITAL: _____

23) A V Fistula At Elbow

1. Name of the Procedure: A V Fistula At Elbow

2. Select the Indication:

a. Patient of CRF on chronic dialysis with: Yes/No

b. Thrombosed or low caliber veins or arteries of wrist or failed fistula at wrist: Yes/No
(Upload doppler study)

3. Treatment –

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

Treating Doctor Signature with Stamp
