

NAME OF THE HOSPITAL: _____

60). Angiofibroma Nose: S2B3.6

1. Name of the Procedure: Angiofibroma Nose
2. Indication: Vascular mass involving nasal cavities, para nasal sinuses or nasopharynx
3. Does the patient presented with nasal obstruction, mucopurulent secretions, epistaxis, hyposmia or anosmia, nasal intonation, deafness, otalgia, proptosis, swelling of cheeks, broadening of nasal bridge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of angiofibroma nose documented through investigations like CT Para Nasal Sinuses/ MRI scan/ Carotid angiography, diagnostic nasal endoscopy: Yes/No (Upload reports)

For Eligibility for Angiofibroma Nose 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
