

NAME OF THE HOSPITAL: _____

64). Bronchoscopic Foreign Body Removal: S2B4.1

1. Name of the Procedure: Bronchoscopic Foreign Body Removal
2. Indication: Aspiration Of Foreign Body
3. Does the patient presented with discomfort in throat, pain, hoarseness of voice, stridor, croupy cough, aphonia, dyspnoea, wheezing: Yes/No (Upload Clinical photograph)
4. If the answer to question 3 is Yes then is there evidence of foreign body documented through relevant X-ray: Yes/No (Upload report)

For Eligibility for Bronchoscopic Foreign Body Removal 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
