

NAME OF THE HOSPITAL: _____

37) Bronchial Injuries Due To Foreign Body Repair Surgery

1. Name of the Procedure: Bronchial Injuries Due To Foreign Body Repair Surgery

2. Select the Indication:

a. Cough: Yes/No

b. Haemoptysis: Yes/No

c. Oxygen saturation: Yes/No

d. Traumatic/iatrogenic bronchial injury due to foreign body or due to trauma while its
retrieval procedure: Yes/No

e. X Ray chest or HRCT: Yes/No

f. Photographs showing injury segment/part: Yes/No

3. Treatment –

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

Treating Doctor Signature with Stamp
