

NAME OF THE HOSPITAL: _____

6. Rupture Uterus: Trauma to the abdomen: S4C1.2

1. Name of the Procedure: Rupture Uterus

2. Indication: Rupture uterus due to abdominal trauma

3. Does the patient have rupture uterus which is confirmed by relevant signs, symptoms and clinical examination: Yes/No

4. If answer to question 3 is Yes, whether findings confirmed by doing USG/ Culdocentesis/ Abdominal tapping: Yes/No (Upload reports)

For eligibility for Rupture Uterus, the answer to question 4 may be Yes/No

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

Treating Doctor Signature with Stamp
