

NAME OF THE HOSPITAL: _____

13. Laproscopic Cystectomy: S4C2.10

1. Name of the Procedure: Laproscopic Cystectomy
2. Indication: Benign ovarian tumors like endometriotic cyst, dermoid cyst, serous cyst adenoma, mucinous cyst adenoma/ Paraovarian cyst
3. Does the patient have symptoms suggestive of Ovarian/ Paraovarian cyst with positive clinical examination findings: Yes/No
4. If answer to questions 3 is Yes is there evidence of the cyst/ tumors demonstrated on USG: Yes/No (Upload USG report)
5. If the answer to question 4 is yes, then whether malignancy has been ruled out in suspicious lesions by doing CT scan pelvis, Tumor markers: Yes/No (Upload reports) - Optional

For eligibility for Laproscopic Cystectomy 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
